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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, (Day Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: mos / S ds OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... State ..... yrs, \_\_\_\_ mos. .... ds \_ mos. \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO it not at place of death?. Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

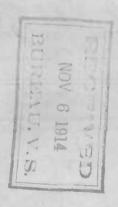
REGISTRA

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatemeut. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Puenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State LEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



### V. S. No. 1.

10 NAME OF

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF

ARENTS

15

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Dalturare Registration Dist. No. lif death occurred in -- Ward) a hospital or institution. give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Day Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? alestr. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory

(Address) \_\_\_ \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death ...... yrs. ..... mos. ... State Where was disease contracted. if not at place of death?. usual residence. DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

canse. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failnre," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 5.1914 URBAU.V.S.

S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE See Instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s DEATH In pialn terms, Important. N. B.

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1 PLACE OF DEATH	8618	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Baby allen	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White (Wite the word)	16 DATE OF DEATH State 24, 1914 (Year)
6 DATE OF BIRTH  Sept 24, 1914  (Month) (Day (Year)	17 I HEREBY CERTIFY, That i attended deceased from, 191, 191, 191, 191
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PRINTHPLACE (State or country)	(Duration) yrs mos ds  Contributory Secondary
Maryland.  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) Jack March M. D. M. D
Z (State or country) Manufand.  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) A Jelyn Md.  Filed Life 24194 Gentslinest	19 PLACE OF BURIAL OR REMOVAL    Language   Date of Burial   Language   Langu

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular hoart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenltal," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (name origin; "Can-Never report



YSICIANS shoul RECORD PERMANENT INK certificate. 10 back piain instructions = DEATH See 0 OF item mportant. Every it 8

### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) DATE OF BIRTH (Month) (Dav (Year) 7 AGE It LESS than 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employar) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. 2 mos. 6 ds. Where was diseasa contracted. 14 THE ABOVE IS TRUE It not at place of death? usual residence 15 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.: Ward)

lif death occurred in a hospital or lustitution. give its NAME Instead ot street and number. 1

(Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows: /\*State the DISEASE CAUSING DEATH, of, in deaths from XIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State ..... yrs. \_\_\_\_ mos. . DATE OF BURIAL ADDRESS Il Malon

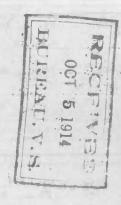
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) "Contributory." iujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Brouchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



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DEATH in plain
See instructions plain Item OF Every Item CAUSE OF Important. 0

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... (No.... St: Ward) a hospital or institution. give its NAME instead MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 ..... to .. alive on ..... (Montb) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at.... 1 day .....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State ..... yrs. .... mos. .... Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or cintermant ... usual residence 19 PLACE OF BURIAL OR REMOVA

RECISTRAR

DATE OF BURIAL LO UNDERTAKE

Ilf death occurred in

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care duties of the household only (not paid Housekeepers scation, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all qnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULLEAU. V.S.

FOR BINDING MARGIN RESERVED

W. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Columbia Chamas Cell	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  Registration Dist. No. 30  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17, I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw have alive on Delit ( 1914,
7 AGE  2 3 yrs. 9 mos. 2 1 ds. or. min.?	and that death occurred on the date stated above, at 4 mpm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or Color particular kind of work  Color  Co	Pulmanary Luberculoses
(b) General nature of industry, business, or establishment in which employed (or employer)	8 (Duration) yrs. 4 mos. / ds.
BIRTHPLACE (State or country) Ballo Ces Wel.	Contributory (Secondary)  (Daration)
10 NAME OF James Ball	(Signed) Justully M.D.
11 BIRTHPLAGE  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSENS, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Lebeld	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Frank Bold	Where was disease contracted, If not at place of death?  Former or usual residence.
15 Filed Seft-8, 1914 Moushall B. Wash	19 PLACE OF BURIAL OR REMOVAL  Beggg, 1914  20 UNDERTAKER  ADDRESS  1944W. North
If more blanks are needed, address State Registran	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PULLPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," oma. Sarcoma. etc., of .. "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for mallemere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; Bronehopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:

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RECEIVED 007 7 1914 BUREAU. V.S.

### PHYSICIANS PERMANENT properly NFADING 9 = I DEAT

certificat of See Instructions OF mportant. Every Ite

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH galt mon Registration Dist, No. Ilt death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from TAGE If LESS than and that death occurred on the date stated above, at a 1 day / 2 hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trada, protession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or amployer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary PARENTS 11 BIRTHPLACE (Addrass) OF FATHER (State or country) \*State the DISE SE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country "State Where was disease contracted. it not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 OUNDERTAKE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Labour," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



MARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. CAUSE OF Important, S Baltime

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 42

iliage or City Concer	Mo. C.	Jee Tee	Ward)
2FIII I NAWE	Sent and	Batton	(6 nui)

[it death occurred in a hospital or Institution, give its NAME instead

FULL NAME Sufant O.	Ballon (6 nuc) of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Judge of Cent Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept 18 , 1914 (Year)
B DATE OF BIRTH  Out 18 , 19.14  (Month) (Day (Year)	that List saw h alive on 191
7 AGE  11 LESS than 1 day, Lehrs.  OR Marmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Guardin Jrs. mos. ds.
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER LUS W. Button.	Contributory Secondary  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  M. C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the ot death yrs, mos ds
(Informant) Micry Button  (Address Sulfaceur)	Where was disease contracted, It not at place of death?  Former was usual reprietation of Busial Or REMOVAL  Date of Busial Or REMOVAL  Date of Busial  19 DATE of Busial  19 19 19 19 19 19 19 19 19 19 19 19 19 1
Filed Sept. 19. 181 4 F- P. Culs- REGISTRAR	28 UNDERTAKER Dignan Baltomd.  Tar, 6 E. Franklin St., Baho., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the nisease cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (7)

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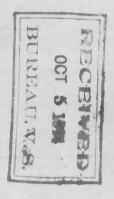
Ounty Balto Go	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City arbutis (No.	give ite NAME Instead
2FULL NAME Madaleura  PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH Sept. 20, 191, (Month) (Day (Year)
ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased fro
(Month) (Day (Year)	that I last saw h alive on
7 AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
a) Trade, protession, or particular kind of work	a h. B. train instantly
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos
10 NAME OF FATHER At kurun	(Signed) Louiso Joh Cononer, M. Sufet 20, 191 4 (Address) Heletharke M.
OF FATHER (State or country) Services	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and *(2) whether Accide Tal, Suicidal, or Homicidal.
OF MOTHER Athurus  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos there was disease contracted, if not at place of death?
(Informant) 119 Luden are	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flie Sept 21, 191 4 J. Huhl.	Hindustry Med. Seff 21, 1915
REGISTRAR  If more blanks are needed, address State Regi	Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH actoriore Registered No. Ilf death occurred in St:....Ward) a hospital or institution, give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLDR OR RACE MARRIED WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I stiended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR .... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) .....yrs.....mos.. which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLADE OF FATHER (State or country) AREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_ Where was disease, contracted, MY KNOWLEDGE If not at place of death?..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL avano DATE OF BURIAL (Address) .... ovaus 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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OCT 5 1914

UNFADING

### STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No ... Ilf death occurred in St .: Ward) RECORD a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDDWED, NOT OR DIVORCEO (Write the word) (Month) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of terms. 11 BIRTHPLACE ARENT pinous OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, piain Instructions OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) \_ 13 BIRTHPLACE At place OF MOTHER (State or country) in the DEATH of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted, MY KNOWLEDGE See if not af piece of death? Former or FO Every Item CAUSE OF Important. usuai residence. 15 30 UNDERTAKEA DDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pnoumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always quality all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of Ex-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

N.B.

PLACE OF DEATH 8627	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
County	Registration Dist, No.
111 80 14 041.5	- 1
Village or City Highlandlawno 3408	E Londondst; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
FULL NAME LENS	Sellekse of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MI A JUST WIDOWED TENT	(Month) (Day (Year)
Male While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	aug. 28 1914 to Sept. 17 1914.
afic 11, 1913	1 11 .7 .1
(Month) (Day (Year)  7 AGE   If IFSS than	that I last saw h alive on for the first that I last saw h alive on for the fi
AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	MANAGA
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	9.9
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Cardiae astheria Secondary
(State or country) Ballo	A (Duration) vrs mos ds.
10 NAME OF Joh. B. 10 1	Charle To The Shire
John Dulys.	(Signed) , N. D.
U 11 BIRTHPLACE	Address) // Colorest
(State or yountry)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF FATHER (State or yountry)  12 MAIDEN NAME OF MOTHER  OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Palto	at place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
PI- BYIL	if not at piace of death?
(Intermant)	usual residence
(Address) 3804 E Lombard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 10 1/1 A 911000 1	Mr Carme Cen Sept 21, 1914
Filed Jet 1.20 81 U.E. M. Claustia	20 UNDERTAKER ADDRESS
REGISTRAP	Dif Herris & Co 2008 Chleans
If more blanks are needed, address State Regist	tra 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym' is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of..... (name origin; "Can nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronie interstitial nephritis, mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronehopneumonia (secoudary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKELLU V.S.

PERMANENT proper UNFADING Suppl 6 Instructions ā DEAT OF mportant. Every It

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No..... Ilf death occurred in a hospital or lostitution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Day (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) no yre no cross. which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ..... yrs. .... mos. .... \_ ds. State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. 14 THE ABOVE TE OF MY KNOWLEDGE If not at place of death?.... Former or usuai residence 15 20 UND REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of gause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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### RECORD PERMANENT ciassified. 4 THIS properly AGE INK supplied. pe UNFADING may certificate. carefully 80 Po WITH back terms, 00 plain See instructions information \_ DEATH OF

1 PLACE OF DEATH state Very PHYSICIANS should of of OCCUPATION IS Village or City St.;....Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h low alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. CAUSE OF DEATH \* was as follows: OR ..... 7 6 OCCUPATION (e) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF 3 FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO Important. CAUSE 15 m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilt death occurred in a hospital or institution. give its NAME Instead of street and number. ]

(Year)

(Day

MEDICAL CERTIFICATE OF DEATH

(Dur	ation)	yrs.	mos	ds
Contributory One		******		De Charles de Arrich Appen
Signed) Markin	ationy	yrs.	mos	ds
200121, 191 4 (Address)	Tau	a su	m	SI
*State the DISEASE CAUSING D CAUSES. State (1) MEANS OF IN- TAL, SUICIDAL, OF HOMICIDAL.	EATH, or, it	deaths :	from Vio	LENT
ELENGTH OF RESIDENCE (FOR HOR RECENT RESIDENTS) to place to death yrs. mos. ds. there was disease contracted, thou at place of death?		*	i	
ormer or 1938 ma	ohen	101	1	

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syddym is "Epidemic cerebrospinal meningitis"); Diplitheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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state

N. B.-

Ounty Batto  Village or City (No. (No. (No. (No. (No. (No. (No. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; Ward)  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Cal Single, MARRIED, WIODWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY That I attended deceased from	
6 DATE OF BIRTH	, 191, to	
(Month) (Day) (Year)	that I last saw h alive on	
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at	
GOCCUPATION  (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country)	Gentributory (Secondary) (Ouration) yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)	6
(informant) Public Processing (informant)	Where was disease contracted, if not at piace of death?	
(Address) Problem	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL	
Filed Left is , 1914 AWI turcism REGISTRAR	20 UN DERTAKER ADDRESS  Phys 3 varma ( Factor Rosener	

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuimaterial worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, it is a me accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, meninges, peritonaeum, etc..

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing oma. Sarcoma. etc., of ... The contributory Aiways qualify ail diseases resulting from "Scalle," etc.), "Dropsy," "Exhaustion," wound of head-homicide; Poisoned (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DULLEAST, V. 5

V. S. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be CAUSE OF DEATH in plain terms, so Important.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

fif death occurred in a hospital or institution, give its NAME instead of street and number.]

	· VEZ IVAIIE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	rale White (Write the word)  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVERCED (Write the word)	18 DATE OF DEATH DOST 234, 1914 (Year)
8 D#	MOV. 2074, 1835- (Month) (Day (Year)	that I last saw him alive on Dept 23d, 1914.
7 AC		and that death occurred on the date stated above, at 10 a, m,
	78 yrs 10 mos 3 ds 1 dayhrs. OR min. ?	The CAUSE OF DEATH* Was as follows:
(a) par	Trade, profession, or Harmet  ticular kind of work.	with effusion
busi	General nature of industry, Harming iness, or establishment in Harming ch employed (or employer)	(Duration) yrs mos 4 ds.
9 B1	RTHPLACE (State or country) Maryland	Secondary  (Deration) yrs mos ds
	10 NAME OF Stephen Boone	(Signed) J. M. D. M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
AR	12 MAIDEN NAMED 1	
ď	13 BIRTHPLACE OF MOTHER (State or country) N.d.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death?
	(Interment) Mrs O. a. George	Former or usual residence
	(Address) 748 6. M. ave. Ballo.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII	Sept. 23, 1914 G. M. Comide h	20 ONDERTAKERY RODRESS ROOV CHUNES BOOK
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illessary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtetanus) may be stated under the head of (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or City arling ton (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 32.  St.; Ward)   International property of the state of the
	Bostwick a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White   5 single, pingle widowed, windowed, windowed (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Seft 20, 1913  (Moyth) (Day (Year)	that I last saw here alive on Alf 8 the 1914
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3.40 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Diarhoea (Duration) yrs mos 3 ds
9 BIRTHPLACE (State or country) Ballo Co Mo	Contributory Secondary (Duration) yrs mes ds
FATHER Frank & Hostwick	Seft 9th, 1914 (Address) Orlugton md
11 BIRTHPLACE OF FATHER (State or country) Howard Co Mo  12 MAIDEN NAME OF MOTHER MANY EN A Modern	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hawail Co Mil	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds
(Informant) Heart & Best of My KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
16 Sept. 10 191 4 Howe, a. Hailor	Druch Actor Date of Burial  20 UNDERTAILER  20
REGISTRAR  If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart faflure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of State cause for



B. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	Registration Dist. No. 30
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
MARRIED,	DICAL CERTIFICATE OF DEATH
Female dat. WIDOWED, WILLIAM ORDIVERCED	Sept. 9, 1914.  (Month) (Day) (Year)  EREBY CERTIFY, That I attended deceased from
March 8 1836.  (Month) (Day) (Year) that I last saw he	1914, to sept 6 th 1914.
78 yrs. 5 mos. / ds. ORmio.? The Cause of DE	arred on the date stated above, at 7050, m, ATH* was as follows:
(a) Frade, profession, or particular kind of work.  (b) Geogral nature of ladustry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Baltimore Md  Geografications  (Secondary)	(Duration) yrs. mos. ds.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Elizabeth Binns  13 BIRTHPLACE OF MOTHER  OF MOTHER  OF ACTION OF MOTHER  OF	(Address) Solding or, in deaths from Violent Means of Injust; and (2) whether Accidentionic Homicidal.  IDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the
(Informant)  (State or country)  Of death yrs.  Where was disease contrit not at place of death?  Former or usual rysidence.	

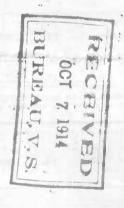
If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement childbirth or miscarriage, as "PUERPERAL septichaegenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart discase; Chronic interstitial nephritis oma. Sarcoma. etc., of ... nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples: FOR VIO



### SICIANS should OCCUPATION IS RECORD 70 back Instructions 2 WRITE 0 OF mportant. CAUSE

PARENTS

15

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Baltuine Registration Dist. No.... Unimpolis are Ilt death occurred in a hospital or institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO, ces WIDOWED, (Month) (Day (Year) OROIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: nu OR ...... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) hu yrs, hu mos 5 which employed (or employer) -----Contributory... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

REGISTRAR

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

ot death ..... yrs. ..... State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. It not at place of death?.

usual residence. 19 PLACE OF BURIAL OR REMOVAL

Former or

UNDERTAK

DATE OF BURIA

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as-Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman." (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH 8635	STATE OF MARYLAND
Gounty Balto	CERTIFICATE OF DEATH
Gounty Jacob	30
0 1 0 1	Registered No.
Village or City Soland Jack (No. 326,	Woodlawn Road  St; Ward)  [If death eccurred in a hospital or institution, give its NAME instead
2 FULL NAME aaron a. Br.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE STRUCE, WARRIED, Willowed	18 DATE OF DEATH Seffender (Day) (Year)
8 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
October 15 1839	that I last saw him all ve on Destaulus 6, 1914.
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
74 yrs. 10 mos. 3 / ds. 0R min.?	The CAUSE OF DEATH * was as follows: If for Infall
B OCCUPATION (a) Trada, protession, or	Toplat famille solid
(a) Trada, protession, or particular kind of work.  (b) General nature of industry,	Pyelv nothritis
business, or establishmant in Shoe Murinfactura which employed (or employer)	(Duration) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country) Movy Scotice	(Secondary)
10 NAME OF James J. Brown	(Signed) PB (Duration) yrs Z mos ds.
State or doubtry) Do not know	7/2 ,1914 (Address) 1/3/1/2 Frankly
12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Sature	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
of MOTHER (State or country) Do not know	Af place In the of death yrs mos ds. State yrs mos ds.
12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa confracted, If not at place of death?
(Informant) Muss finne Prown	Former or usual residence
(Address) 326 Woodlum Road	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 falt 7 4 M 4 Ports	20 yNDERTAKER ADDRESS ADDRESS
Filed. 191 REGISTRAR	Censyll Meas 3 Son 80511, Calmit St.
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



ä ż

PHYSICIANS should state of OCCUPATION Is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should UNFADING INK-THIS AGE Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH	8636
County Baltimore	
Village or City St. 29	Mes DANS Service

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

FULL NAME	Y J JAMANA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIOWED, OPDIVORCED (Write the word)  Manuel  6 DAPE OF BIRTH  (Month)  (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  State   1917, to State   8 1917,  that I last saw herealise on State   8 1917
(Month) (Day (Year)  7 AGE  If LESS fhan 1 day,hrs. ORmin.?  6 OCCUPATION (a) Trado, profession, or parficular kind of work.	and that death occurred on the date stated above, at of m.  The CAUSE OF DEATH* was as follows:  Sarcomal of manceles of back.
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Oroleusion to lungs
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF MOTHER	(Signed) Active Accident (Address) St. Causes, state (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal.
of Mother Catherine Drearing.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. / ds. State yrs, mos. ds  Where was disease contracted,
(Informant) Mus agres Bries  (Address) Relay Ma  16  Filed Seph 18, 1914 George Market	If not at place of death?  Former or  USUAI residence  19 LACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Forcman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Cancause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Mcasles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUSSELVED BUSSELVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Motorious (No Nostin	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 3 4 COLOR OR RACE MARRIED MODERN WHOMEN, ORDIVORCED (Write the worth)	16 DATE OF DEATH (Month) Day) (Year)
G DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h A alive on Sept 3 , 1912
7 AGE  1 LESS than 1 day, hrs. 0 R. min.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) No yrs No mos 7 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MOSICE OF MOSICE OF MOTHER MOSICE OF MOSICE O	(Signed) (Daration) yrs
of Mother Marie Amble  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Durk	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or
(Address) WA Williams  15 Filed Sept. 15, 191. 4. 2. The Real Registran	19 PLACE OF BURIAL OR REMOVAL STATE OF BURIAL Wesler Cook ADDRESS William Cook Sove Moth
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pureperal septichaccause. -H art failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephriting nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of terminal conditions, such as "As (secondary or intercurrent) (name origin; "Can Never report Examples:



S. No. 1.

PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT properly classified. AGE should of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

UNFADING INK-THIS IS PLAINLY, WITH WRITE CAUSE OF

important.

B ż PLACE OF DEATH

County 120



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St	·	Ward)

[It death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

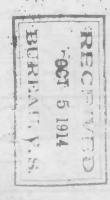
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)	idental Sub- 18 ,1914
8 DA	TE OF BIRTH	17 LANGE 191 4 to Sept 18 191
		(Year) that I last saw h alive on
7 AG	1 day	ESS than and that death occurred on the date stated above, at
(a)	CUPATION Trade, profession, or Painter Icular kind of work  Painter	andres Versonley 2
busin	General nature ot Industry, less, or establishment in h employed (or employer)	(Ouration) yrs mos ds
9 BII	State or country) of Tirginia	Secondary (Ouration) vrs. mos ds
	10 NAME OF Gustin C. Burroive	(Signed) Loves Joh Groner D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) New York!	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
0.	of MOTHER annie E. Nostle	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or eountry)	At place in the ot death yrs mos ds. State yrs mos ds
	NOTES ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE MOTES WAS WAS A STEELD	Where was disease contracted, It not at place of death?  Former or usual residence.
16	(Address) 100 M. Smallword S	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MAN MAN LANGE 101 L
File	1 Sept 8 1914 Grads lower	TRAR Jan / Smill of Lan Pract 1
	If more blanks are needed, address Sta	ite Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kiud of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample; The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Nevcr report For VIO-



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### PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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Village or City Arlington

County Baltimore

Park Heights Ave. SXX Ward)

Ilf death occurred in a hospital or Institution. give its NAME instead of street and number. 1

ADDRESS

Walter E. Rusch 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Married (Month) (Write the word) (Dav (Year) White Male I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 880 Apri] (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10 Pm. 1 day hrs. 4 The CAUSE OF DEATH \* was as follows: OR ..... min. ? mos. 8 OCCUPATION (a) Trade, profession, or Clerical Work particular kind of work... (b) Beneral nature of Industry. business, or establishment in (Duration) ..... which employed (or employer) ------9 BIRTHPLACE Contributory. (State or country) Baltimore Md 10 NAME OF FATHER Oliver F. Rusch PARENTS 11 BIRTHPLACE OF FATHER (State or country) Baltimore Md. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Ida B. Slater 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) Baltimore Md. ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos.\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Mary C.F. Busch (Wife Former or (informant) usual residence... 19 PLACE OF BURIAL OR REMOVAL (Address) 4780 Park Heights DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal materiai Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inapition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH 640/ A (1)	STATE OF MARYLAND
Bant . My.	CERTIFICATE OF DEATH
County Salumole (1), Oh	save. Extended
agrepen	Registration Dist, No
Village of City St. Maris Indust	tual Home [If death occurred in
Village or City VIII (No aux	St.; Ward) a hospital or institution,
$\mathcal{D} \cap \mathcal{D} \cap \mathcal{D} \cap \mathcal{D}$	give its NAME Instead
2 FULL NAME Curhard The	lis Unthony Calla and number.]
TOEL ITAINE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH Sept. 4 1914
male International Middle ORDIVORCED	(Month) (Day (Year)
(Write the word)	17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
***************************************	
(Month) (Day (Year)	that I last saw h
7 AGE If LESS than	and that death occurred on the date stated above, atm,
/3 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION 0	Valrilar disease of heart
(a) Trade, profession, or	sequel of Rheumatism
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration) yrs 6 mos 4 ds
which employed (or employer)	Cadina ather deay
9 BIRTHPLACE (State or country)	Secondary analac althing Han
- Jacumore	Paralyses (Duration) few Mrs. ds.
10 NAME OF PU. A. PO. A.	1 1220,4
mues callahan	(Signed) M. D.
b 11 BIRTHPLACE DF At	, 191 (Address) 4 32 11. Carey 08.
(State or country) Dalimole	*State the DISEASE CAUSING DEATH, or, in deaths from TIOLENT CAUSES, state (1) MEANS OF INJURY; und (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  A THEORY OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
a Catherine Rushare	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS)  At place in the
(State or country)	of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Physician	Former or
(1111)	usual residence
(Address) 434 of Lacy 26	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Comic Bras Sefet 11 , 1914
Filed191	20 UNDERTAKER ADDRESS
REGISTRAR	Mester Fahay a Lafagellan

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no ocenpation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons ncss. If retired from business, that fact may be indibeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphthoria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was nudertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral scritichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. thre of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accicause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercnrrent) Measles (Recommendations on statement of (disease eansing death), 29 ds.; For vio-



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RECORD	PHYSICIANS S
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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ITE PLAIN	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate.
WR	Every Item (CAUSE OF Important. S

ARENTS

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11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER

(Address).....

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St ......Ward) a hospital or institution. give its NAME Instead of street and number.] Margan **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED WIDOWED. ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) Month! TAGE If LESS than and that death occurred on the date stated above at 10 450 m. t day .....hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory. Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed)

KNOWLEDGE

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

At place / yrs, mos ds.	In the 30 yrs mos
Where was disease contracted, If not at place of death?	kunn

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more preelse speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Laborer-Coal As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULKENU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. .....Ward) MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from allve on (Month) (Dav (Year) 7 AGE IT ESS Than ...hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which smployed (or employer) -----Contributory Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. ..... mos. .... State ..... yrs, Where was disease contracted, It not at place of death? .... Former or usual residence. PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Ilf death occurred in

a hospital or institution. give Its NAME Instead ot street and number.]

DEATH

(Day

DATE OF BURIAL

ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fit death occurred in St:....Ward) (No. a hospital or Institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINCLE. 3 SEX 4 COLOR OR RACE MARRIED, Merphee WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) It LESS then 7 AGE and that death occurred on the date stated above, a t day, .... hrs. The CAUSE OF DEATH\* min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ...... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piece In the OF MOTHER (State or country) State ..... yrs. \_ ot death ..... yrs. ..... mos. ..... ds. Where was disease contracted, It not at place of death?.. Former or usual residence. (Address) 15 " Filed & REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No./1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED, (Month) (Write the word) BINDIN I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day TAGE If LESS than and that death occurred on the date stated above, at ... 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 0 PARENTS (Address). OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH of death ...... yrs. ..... mos. ..... ds. Sfate ..... yrs. \_ 14 THE ABOVE IS Where was disease confracted. if not at place of death?. Former or Item OF Important. usual residence. Every It OF BURIAL 15 m If more blank are needed, address State Registrar, 6 I Franklin St., Balto., Requesting V. S. No. 1.

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### V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cou	1 PLACE OF DEATH 8645	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Viii	age or City Shawaw (No. No. Stule	St.; Ward)  [It death occurred to a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Acolor or RACE Single, MARRIEO, Midower OR Ditte (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
8 DA	Month (Day (Year)	that I last saw how alive on Sept 1914.
(a) par (b) busi		and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:  If sand facture result of the  Inference of Ouration yrs mos. ds.
ARENTS	10 NAME OF FATHER (State or country) Palls Co md  11 BIRTHPLACE OF FATHER (State or country) Balls Co md  12 MAIS TO THE MENT OF THE MENT	(Signed) (Duration) yrs mos 2 ds.  (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
а.	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
15	(Address) Shaws And Pegistran	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ON Michael Meeting House Dept 20, 191 V.  20 UNDERTAKER PLANTAGE ADDRESS  Min 6. Drocks Sparks Mind
	If more blanks are needed, address State Regis	trar. 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PECOT 5 1914

BURLAU, V.S.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Censns and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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etc., when a definite disease can be ascertained as the "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0CT 7 1914

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should be

AGE

-Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

N. B.

1 PLACE OF DEATH

8647

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Selet. 17, 191.  (Month) (Day (Year)
ATE OF BIRTH - 1896	17 I HEREBY CERTIFY, That I attended deceased from  Suguet 2, 191 H, to Sufet 7, 191 H  that I last saw h suscellive on Sufet 7, 191 H
GE II LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5 mm. The CAUSE OF DEATH* was as follows:  Sufficients arthritis (yayima)
General nature of Industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs mos ds
10 NAME OF FATHER BUJANIN CHEMAN  11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) (Duration) yrs mos ds  (Signed) (Address) (Signed) (M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
(Informant) R. O eleman	If not at place of death?  Former or usual residence 3 5 3 Fauthull ave.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ed Liphy 1914 George wast	handan Paule Left 19, 1917  20 UNDERTAKER  ADDRESS
	4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word) Single  (Month) (Day (Year)  It LESS than 1 day,hrs.  OR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  Easturn ar., St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female February 29 1860	16 DATE OF DEATH Sept. 30 , 191 (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from 191 (191 (191 (191 (191 (191 (191 (191
7 AGE (Month) (Day (Year)  1 t LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 305 A. m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  3 altimum City.	(Duration) yrs. mos. ds.  Contributory Cocology  Secondary
10 NAME OF SLONG & Down  11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER SPECIAL AND AND STATE OF MOTHER SPECIAL AND AND STATE OF MOTHER SPECIAL AND AND STATE OF MOTHER SPECIAL AND AND SPECIAL AND SPEC	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country). German,  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mevolas Cornelly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death? Former or usual rosidence.
(Address). 400/ Eastern.  15 Filed	19 PLACE OF BURIAL OR REMOVAL  6 als Jany Cenn  20 UNDERTAKER  20 UNDERTAKER  403 SWolfed  trar, 6 E. Franklin St., Salto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomaa," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou, "Heart failure," "Haemorrhage," "Inauition;" "Marastheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia affection used not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcastcs (disease causing death), 29 ds.; (Recommendations on statement of Never report



S. No. 1.

N. B.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

			11_
Registration	Dist.	No.	

	0 +
Village or	city Canton

Ilt death occurred in

Vil	lage or City (No. 3 ac),	a mobile of memory		
2FULL NAME becelia & bounad give its NAME instead of street and number.]				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
35	emale While Single,  MARRIED, WIDOWED, ORDIVORGED Single (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That attended deceased from		
	ATE OF BIRTH  Queg /6 (Month) (Day (Year)	that I last saw her alive on the control of the property of the saw her alive on the control of the property of the saw her alive on the control of		
7 A		and that death occurred on the date stated above, at 430 1. m.		
		The CAUSE OF DEATH* was as follows:		
(a pa (b) bus	CCUPATION ) Trade, profession, or Nove irticular kind of work ) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs f mos D.ds.		
98	10 NAME OF Chas. H, bourad.	Contributory Gual (Duration) Signed (Signed) (Duration) Signed Si		
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  7	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) Maryland,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds		
	(Informant) Chas. H. Corrad	Where was disease contracted, it not at place of death?  Former or usual residence		
16 Fi	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Mr. Carnel Cem. Sept. 9, 1914.  20 UN DERTAKER  gikler and girkler 3204 O'Doinell		
	If more blanks are needed, address State Regis	trand E. Franklin St., Balto, Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given np ou account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carein-

childbirth or miscarriage as "Puerperal scotichae-"Heart failnre," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated nuder the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probabby which surgical operation was nndertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Mcdical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," Never report Ex-



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BINDING

RESERVED

MARGIN

1 PLACE OF DEATH 8650	STATE OF MARYLAND
County Back	CERTIFICATE OF DEATH
County	Registered No. 44
1. O. A. March	Kogistered No
Village or City Velle / Willow,	St; Ward) [If death occurred in a hospital or institution,
600	give its NAME instead of street and number.]
2 FULL NAME COLORER CO	or officer and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	18 DATE OF DEATH
WIDOWED.	(Month) (Day) (Year)
Mali Colcred (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	(1) 1914 to Jely 12 1914
(Moofb) (Day) (Year)	that I last saw h. Ma. allye on Deff 1 191 X
7 AGE If LESS than	
2 0 1 day,hrs.	and that death occurred on the date stated above, at
yrsmos,ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	Juliunia Juliant.
particular kind of work	
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Duration) yrs. Q mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)
	(Duration) yrs mos ds
10 NAME OF FATHER	(Signed) Commission
o 11 BIRTHPIACE	en 12012 11 (11) 4 1 1 1 6
F OFFATUED	(Address) Journelle Ne
	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
TE MAIDEN NAME OF MOTHER OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
allism lemplin	If not at place of death?
(Informant) Cars Carpelly	usual residence
(Address) while Thank	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1 21 May	Cestring Center Defot 13, 1914
Filed Left- 14, 1914 Witamon In	20 UNDERTAKER ADDRESS
REGISTRAR	Wand Dander Gradsling
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

pag SEA

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

OCT 5 1914 BULGAU, V.S.

Instructions

state

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YSICIAN RECORD

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### STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. 40 If death occurred in ..Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED. Write the word) I HEREBY CERTIFY. That I attended deceased from 191 ..... to (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at f day,.....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Marie Secondary 10 NAME OF FATHER (Signed) 25,191.4 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of dealh \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations statement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puenperal septichacmus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of Never report



### RMANENT 0 ADING ARGIN

RECORD

CERTIFICATE OF DEATH SICIANS should Registration Dist. No. PHYSICIANS St .:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, a 3 SEX 4 COLOR OR RACE MARRIED WIDOWED, (Month) ORDIVORCED (Write the worth I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1889 classified (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at /'? 0 1 day, .... hrs. min. ? properly SOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry, pe business, or establishment in (Buration) may which employed (or employer) .... Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 90 back 11 BIRTHPLACE ENT hould term OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARE 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER information ATH in plain instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ..... yrs. ..... mos. ..... ds. Stafe ..... yrs. EAT Where was disease confracted. 14 THE ABOVE IS TRUE TO if not af place of death? O Former or Item OF usuai residence. mportant. CAUSE 19 PLACE OF BURIAL (Address) 15 29 UNDERTAKER B REGISTRAR ż If more blanks are needed address State Regis trar, & E Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[If death occurred in

a hospifal or institution.

give ifs NAME instead of sfreet and number. ]

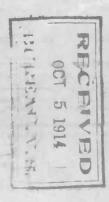
DATE OF BURIAL

[Approved by U. S. Census and American Public Wealth Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) the nature of the business or industry, and therefore an who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The question

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage as "Puterenal scritchaeture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_\_ "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile." etc.), may be stated under the head of (Recommendations on statement of or Homicidal, or as probably (secondary or intercurrent "Dropsy," "Exhaustion," \_\_ (name origin; "Can death), 29 ds. Examples:



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PHYSICIANS should RECORD properly classified. AGE pe may 80 DEATH WRITE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Ballmon Registration Dist. No. Int Hope Resigno. Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Married I HEREBY CERTIFY. That I attended deceased from Not Kerown (Month) (Day (Year) TAGE and that death occurred on the date stated above, at 8.20 7 m. It LESS than 1 day .....hrs. The CAUSE OF DEATH \* was as follows: 961 OR ..... min. ? Mania BOCCUPATION (a) Trade, protession, or Horse 10 the (b) General nature of industry, aleh business, or establishment in vrs. Z mas. which employed (or employer) ..... Contributory &x haustier & alut Justro-Entrite 9 BIRTHPLACE (State or country) alex 10 NAME OF 0 PARENTS 11 BIRTHPLACE (Address) OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) \_ ds. State \_\_\_\_ yrs. \_\_\_ mos. If not at place of death?... OF usual residence Important. Every Ite 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS ż

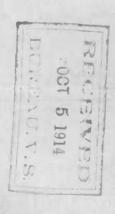
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second who have no occupation whatever, write None. eated this: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious galnfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

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nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State eause for etc., when a definite discase can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuauition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," affection uced not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing "Senile," etc.), "Dropsy," (Recommendations ou statement of death), 29 ds.; "Exhaustion," For vio-



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or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. • DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of gertificate.





### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Rose dale (No	St.; Ward)  Stancels  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The state of Birth Tely 154 1837  The state of State of State of State of Country)  Boccupation (a) Trade, prafession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State of country)  To NAME OF FATHER Patrick Melody	16 DATE OF DEATH  Sept.  Month)  (Day (Year)  17 I hereby Certiff, That I attended deceased from Sept.  18 191 / to Sept.  191 / to Sept.  Mand that I last saw her alive on and that death occurred on the date stated above, at a m.  The CAUSE OF DEATH* was as follows:  (Duration)  (Duration)  (Buration)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME Mary Welvert  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  15  Filed Apr 20, 1914 Awthan 2000	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place   In the ot death   yrs.   mos.   ds. State   yrs.   mos.   ds. Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Oak fame Cerustery  20 UNDERTAKER   ADDRESS   Presmille   Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

V. S. No. 1.

WRITE

CAUSE OF Important. S

N. B.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Houseveife, Houseveork, or At Home, and ehildren, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are eugaged in the who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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MARGIN RESERVED FOR BINDING

CSICIANS should OCCUPATION IS PHYSICIANS RECORD 90 statement PERMANENT Exac classified. properly AGE supplied. pe may certificate. that it 80 of pe back terms, plain Instructions = EATH ō 0 Item OF Important. lai Every

state

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .... lit death occurred in St:----Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED, Marrie Month) (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER ( 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_\_\_ yrs. ..... mos. .... State ..... yrs. \_\_ Where was disease contracted. it not at place of death?. Former or usual residence PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER DDRESS If more blanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED 007 7 1914 BUILLAU.V.S.

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 8656
Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

100	unty out of the second of the	Registration Dist.	No
VII	12ge of City Loyde (No. , -)	St.;—Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 si	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO, Jingle OR OVEROCEO (Write the word)		27 ,191 (Year)
6 D.	March 19, 1894  (Month) (Day (Year)	17 I HEREBY GERTIFY, That I at Aft 20, 1914, to Seft 1 that I last saw here alive on Seft 2	2 7 , 1914.
(a) pa (b) bus	If LESS than 1 day,hrs.  CCUPATION ) Trade, profession, or riticular kind of work ) General nature of Industry, siness, or establishment in lich employed (or employer)		ove, at 6,30 A. m.
	(State or country) Houseland Consult. In d	Contributory Secondary	and the second of
ARENTS	10 NAME OF FATHER Franklin Devel  11 BIRTHPLACE OF FATHER (State or country) Jennsylvaniel  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) John & Green	deaths from VIOLENT (2) whether ACCIDEN
14 7	13 BIRTHPLACE OF MOTHER (State or country) Terrisylvaniae THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marcy Deven	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCOME RECENT RESIDENTS) At place In the of death yrs mos ds. State Where was disease contracted, If not at place of death? Former or usual residence.	STITUTIONS, TRANSIENTS.
15	(Address) Hyde Ma.	Bethel Gen, Comeaster Go. Pa. Se	fut 30 0 191 H

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only-definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of.......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., mia," "PUERFERAL peritonitis," etc. State cause for affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility". ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "PUERPERAL septichae-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED 00T 5 1914 BUREAU, V.S. MARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT EXACTLY classified. be should property INK supplied. be may certificate. 9 jo pe back terms, pinous 00 plain Instructions information EATH in WRITE ō P Item POF mportant. Every Ite 0

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County... Registration Dist. No... lif death occurred in a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. 191.4 WIDOWED, MANNEED (Write the word) (Day) (Month) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. f day hrs. The CAUSE OF DEATH \* was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in geaths from CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? Former or usual residence DATE OF BURIAL 15 Filed.... REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm Worcer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum,

LENT DEATHS state MEANS OF INJUBY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras mus," "Old Age," "Sbock," "Uraemia," "Weakness." ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the "Coilapse." "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Accidental drowning; Struck by railway train—acci-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or Intercurrent) (name origin: "Can death), 25 ds.: "Exhaustion," Never report Examples:



N. B.

PLACE OF DEATH 8658	STATE OF MARYLAND
County Bultimum	CERTIFICATE OF DEATH
County	Registration Dist, No. 44
Village or City Shumis Punis Punis (No. 419,	E St.; Ward) [It death occurred in a hospital or institution,
FULL NAME Mary Dal	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SALY	16 DATE OF DEATH & JV. 1500 1014
Y O DA WIDOWED.	(Month) (Day (Year)
Tunale Thus ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	any 16 a 1914, to Sept 1500, 1914.
(Month) (Day (Year)	that I last saw h a alive on Sept 15 cm 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 10 Pm,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	Pertussis.
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) 11	Contributory Tulius Carlelis Secondary
(State or country)	
10 NAME OF FATHER	7 6 1 God- 1
Juovo-Dollun	(Signed) Smull & Mellell, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	191 4. (Address) Enlies ruis
(State or country) Curaling	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Of Mother Office	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Bullium Ces. MA	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(interment) Miles Questo Dalling	If not at place of death?
(IIIIIIIIIIII)	usual residence
(Address) Thurs I will	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Apt 411 : (1 Dox of )	H. Yoleph Daron Joanned dept 17 1914
Filed for 19 4 The Some of	20 UNDERTAKER ADDRESS C

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No fif death occurred in St:....Ward) a hospital or Institution. give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ERMANENT 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE 191. MARRIED, WIDOWED, Man (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from Exact (Year) classified. (Month) (Day) pe If LESS than 7 AGE AGE should properly class t day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. supplied. business, or establishment in may which employed (or employer) ..... State or country) (Secondary) that 10 NAME OF FATHER 11 BIRTHPLACE terms, ENT OF FATHER (State or country) pino \*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .... State ..... yrs. \_\_\_\_ mos. See Instr Where was disease contracted, If not at place of death?-0 Former or OF usual residence item Every item CAUSE OF Important. (Address) ..... 15 m REGISTRAR ż If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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BUMBAU, V.S.

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STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No... It death occurred in Ward) a hospital or institution. give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than TAGE and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration 10 NAME OF (Signed) FATHER S 11 BIRTHPLACE Y OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_yrs. \_\_\_\_ mos. State Where was disease contracted. If not at place of death? 15 ADDR REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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MARGIN RESERVED FOR BINDING

	RECORD	PHYSICIANS should state of OCCUPATION is very
T. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCDRATION is very important. See instructions on back of certificate.
		-

Village Full NAME abraham Jam	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 36  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Widowed, OR ON	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
TAGE  (Month)  (Day)  (Year)  TAGE  Or	that last saw have alive on fifty of 1914, to fifty of 1914, that last saw have alive on fifty of 1914, and that death occurred on the date stated above, at 9./5 Am, The CAUSE OF DEATH* was as follows:
particular kied of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Callinure  O.	(Duration) yrs mos ds.  Contributory (Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE (State or country) Ballimore 6.	(Signed) (Address) (Addres
13 BIRTHPLACE OF MOTHER (State or country Manual)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. Where was disease contracted, If not at place of death? Former or
(Address) Baltimore MS,  15 Filed Dept 10, 1914 Mulland Studing Lace, REGISTRAR  If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  VERNON M. E. Chevel Sept

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and colldren, not wbo receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.). . cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisonad by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purepresal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malk-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Never report



	<ul> <li>B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.</li> </ul>
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.. fit death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WICOWED. (Month) (Dav (Year) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. 14 THE ABOVE IS TRU Where was disease contracted. if not at place of death?... (informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address).... 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement: the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the Insease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURELLE, V.S.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

Gounty September 1 PLACE OF DEATH 8663	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Grand And Starte Han	S-Clint St. st; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GDATE OF BIRTH  COLOR OR RACE  S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from Sept. 3  1914, to Sept. 8  1914.
(Month) (Day) (Year)	that I last saw her alive on Self 7 1914
TAGE  1 t LESS than 1 day, hrs.  yrs. 2 mos. 20 ds. OR. min.?  8 OCCUPATION (a) Trade, protession, or particular kind of work.	and that death occurred on the date stated above, at 5.15 f.m,  The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Marusland	Contributory acute entert
10 NAME OF FATHER Evan Or, Evans  11 BIRTHPLACE OF FATHER (State or country)  Manyland  12 MAIDEN NAME	(Signed)
of Mother Advina Altsel  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TO THE BEST OF MANOWLEDGE  (Informant) Advina Advina	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, It not at place of death?  Former or usual residence.
15 Filed Self. 8, 194 W. G. Millaualian REGISTA &	19 PACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL
more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—aectsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



See instructions on back of certificate.

DEATH in plain

N. B.—Every Item o CAUSE OF D Important. Se

V. S. No. 1.

RECORD

8664

County Baltimore

VIII



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

		11:00		
lage or City W	mosor	14000 (N	0	St.;

----Ward)

[If death occurred in a hospital or institution, give its NAME Instead

	FULL NAME Winifred m. 4	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SENGLE, MARRIED, WIDOWED, WOODED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Sept 26", 1914 (Month) (Day (Year)
	E OF BIRTH  (Mouth) (Day (Year)	that I last saw here alive on Sept. 26, 1914
TAGE		and that death occurred on the date stated above, at 1145P. m The CAUSE OF DEATH* was as follows:
(a) Tr partic (b) G busine	CUPATION rade, profession, or ular kind of work eneral nature of industry, ss, or establishment in employed (or employer)	(Duration) Jyrs mos ds
9 BIR	THPLACE State or country) hew. York Shale.	Contributory Cordioc actiena Secondary (Duration) yrs 2 mos 2 ds
SI	NAME OF FATHER do not Know	(Signed) Herbert E. Sepp., M. D. Sept 27", 1914 (Address) 3050 H. North ar
PAREN	(State or country)  2 MAIDEN NAME OF MOTHER  11  12	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	SBIRTHPLACE OF MOTHER (State or country) // // // E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of deathyrs, mosds. Stateyrs, mosds  Where was disease contracted,
	formant) auguste Gaure	if not at place of death?————————————————————————————————————
15 Flied_	Seff-27, 1914 Marshall B West,	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Woodlawn Cem 9-29, 1914  20 UNDERTAKER  NEWRY W. Frukus Hous & M. Willon Work with

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### REVISED UNITED STATES STANDARD FOR THE COLOR CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of agc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

### BINDING FOR RESERVED MARGIN

V. S. No. 1.

N.B.

.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

**FULL NAME** 

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE,  MARRIED, ' WIDOWED, ORDIVDRCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  Left 15, 19/4.  (Modth) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	Stillbon
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary  Secondary  (Defailed)  yrs mos ds.
FATHER UNBRUOW	(Signed) (Address) 320 Highling
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Therese, Facako	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds  Where was disease contracted.
(Interment) The BEST OF MY KNOWLEDGE	If not at placa of death?————————————————————————————————————
(Address) // 7 8 Clinton	19 PERCE OF BURIAL OR REMOVAL DATE OF BURIAL 191
Filed , 191 REGISTRAR  If more blanks are needed, address State Regi	J. P. Mele C. H. M. Schol

Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

materiai worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons minc, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-"Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-



cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichactheuia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertaized as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The coutributory (secondary or intercurrent) Always qualify aii diseases resulting from "Senile," etc.), Mcasics (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for



S. No. 1.

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PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT Every Item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE

1	PL	ACE	OF	DEA	TH

8666



### STATE OF MARYLAND

Cos	inty Baltimers	CERTIFICATE OF DEATH
		Registration Dist. No.
VIII	age or City Coactor (No. 821,	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	Frecale 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWED, OR OLORGEO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 D/	TE OF BIRTH  April 10 , 1910  (Month) (Day (Year)	that I last saw h
7 A C		and that death occurred on the date stated above, at
(a)	Trade, profession, or howle ficular kind of work.  Beneral nature of industry,	Languzral Diphthena
bus	ness, or establishment in chemployer)	(Duratioo) yrs mos 3 ds.
9 81	RTHPLACE (State or country) Baltimers	Contributory Secondary  (Duration)  yrs mos ds.
NTS	10 NAME OF George C. Fischer  11 BIRTHPLACE OF FATHER (State or country)  Md	(Signed) Caro W. Joses, M. D. Quept 26; 191 L (Address) 3/1/4 AS orwell P
PARENTS	12 MAIDEN NAME Manie Furnerly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Md	At piece of death yrs mos ds. State yrs mos ds
	Informant) Leavinge Fischer	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) 8718 55th SX	Sacro Heart Com, Sofring, 1814
File	1.27, 1914 W.E. The Caustian	20 UNDERTAKER ADDRESS 4038 Wolfs

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Munager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." deut; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



V. S. No. 1.

RECORD
PERMANENT
4
15
INK-THIS
UNFADING
WITH
PLAINLY,
WRITE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VIIIage or City AMA (No. 11) A AMAY St. Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  DATE OF BIRTH  ADDRESS ASS. (No. 1) A DATE OF DEATH  PERSONAL AND STATISTICAL PARTICULARS  DATE OF BIRTH  ADDRESS ASS. (No. 1) A DATE OF DEATH  TAGE  ACOLOROR RACE & BINGLE, MARINED, MARRIED, WORDS (No. 1) A DATE OF BIRTH  ADDRESS ASS. (No. 1) A DATE OF DEATH  TO DATE OF BIRTH  ADDRESS ASS. (No. 1) A DATE OF DEATH  TO DATE OF DEATH  ADDRESS ASS. (No. 1) A DATE OF DEATH  TO DATE OF DEATH  ACOLORATION  BILLESS Habe  1 day. Mr. 1  10 DATE OF DEATH  ACOLORATION  BILLESS Habe  1 day. Mr. 1  10 DATE OF DEATH  ADDRESS ASS. (No. 1) A DATE OF DEATH  THE CAUSE OF DEATH A WAR AS ISLESS HABE  1 STATE OF MORTHER IS HABE  1 STATE OF MORTHER IS HABE  1 STATE OF MORTHER IS HABE  1 DINAME OF MORTHER ISLESS HABE  1 DINAME OF MORTHER INSTITUTIONS, TRANSPERTS, OF MOREHANCE CONTROLLY  1 DINAME OF MORTHER ISLESS HABE  1 DINAME OF MORTHER INSTITUTIONS, TRANSPERTS, OF MOREHANCE CONTROLLY  1 DINAME OF MORTHER ISLESS HABE  1 DINAME OF MORTHER ISLESS HABE  1 DINAME OF MORTHER INSTITUTIONS, TRANSPERTS, OF MOREHANCE CONTROLLY  1 DINAME OF MORTHER ISLESS HABE  1 DINAME OF MORTHER ISLESS HABE  1 DINAME OF MORTHER INSTITUTIONS, TRANSPERTS, OF MORTHER ISLESS HABE  1 DINAME OF MO	Gounty Balta Bo	STATE OF MARYLAND CERTIFICATE OF DEATH
AGE  ACE  Martic (Month) (Day (Year)  TAGE  ACE  Month (Day (Year)  TAGE  ACE  Month (Day (Year)  TO AGE  ACE  Month (Day (Year)  To AGE  ACE  Month (Day (Year)  To AGE  ACE  ACE  ACE  ACE  ACE  ACE  ACE	VIIIage or City Colonial Car (No. 110, 0) 2FULL NAME Benjamin Ed	Ward)  [It death occurred in a hospital or institution, give its NAME instead
DATE OF BIRTH  ON OND DESCRIPTION (Month) (Day (Year)  TAGE  ILLESS than 1 tast saw houself on the date dated above, at Pill from the date date of course of the date of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCCUPATION (a) Trade, profession, or particular the dot work.  OBJECT OF BIRTH Services on the date stated above, at 191 ft day, hrs.  OCCUPATION (a) Trade, profession, or particular the dot work. (b) General nature of Industry, business, or establishment in which employed (or employer)  OBJECT OF MALOE (National Country)  OF ATTER OCCUPATION (1) NAME OF FATHER COUNTRY)  OF MOTHER OF MALOE (National Count	2 MARRIED, Sugge	(Month) (Day (Year)
OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  Particular kind of work  BIRTHPLACE (State or country)  Contributory  Secondary  Secondary  State or country)  Contributory  Secondary  Secondary  State the Disparae Causing Death, or, in deaths from Viofant Causing	Sept. 12 1914	Sept, 12, 1914, to Sept, 24, 1914
6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employer of country)  9 BIRTHPLACE (State or country)  10 NAME Q5 FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Ad	7 AGE It LESS than 1 day,hrs.	The CAUSE OF DEATH * was as lollows:
9 BIRTHPLACE (State of country)  10 NAME Q.5 FATHEBURGANING COUNTRY)  11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER (Informant)  12 MAIDEN NAME OF MOTHER (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed School 24, 1914  REGISTRAR  Contributory Secondary  Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (MEANS OF INJURY; and (2) Whether Accidented of Receiver Residence  (Signed)  (Signed)  (Signed)  (MEANS OF INJURY; and (2) Whether Accidented of Receiver Residence  (Address)  (Informant)  (Informant)  (Address)  (	6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry,	
11 BIRTHPLACE OF FATHER OF MOTHER OT		Contributory Melena Secondary
13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  (Address)  (Address)	11 BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.	(Signed) R. C. Metsel, M. O. Sella 5, 1914 (Address) 1903 W. north tys
(Informant) Bush Theughe  (Address) Colonial Paul  (Address) Colonial Paul  16  Filed Sept 24, 1914 A. C. Sundant Registran  Registran  It not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  230 NGreen	13 BIRTHPLACE ( 130	At place in the ot death yrs mos ds. State yrs mos ds
Filed Sept 245, 791 4 Q. C. Suich REGISTRAR NINKOUTZON 230 NGreen	(Informant) But The Best of My Knowledge	It not at place of death?  Former or  usual residence
	Filed Sept 245, 1914 a. C. Suit REGISTRAR	MINKOutson 230 NGreen

in St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



V. S. No. 1.

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1 PLACE OF DEATH



### STATE OF MARYLAND

Co	unty Bulto 0000	CERTIFICATE OF DEATH
		Registration Dist. No. 37
Vil	2FULL NAME James Emain	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	rale **COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Myth) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	
	Month (Day (Year)	that I last saw h amaliye on 311 29 191 4
7 A		and that desth occurred on the date stated above, at 3 24 a.m.
	7 % yrs 2 mos 2 ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:
80	CCUPATION OR MOS. OR MIN. ?	Pulmonary Jules cirlons
(a	Trade, protession, or	acute rabylla Heart Alivene
	rticular kind of work farm davocer	
bus	iness, or establishment in	(Ouration) yrs mgs ds.
	IRTHPLACE (State or country)  (State or country)	Contributory Secondary
	10 NAME OF FATHER WILLIAM TONAL FUNDER	(Signed) (Signed) (Signed) (Signed) (Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME COF MOTHER COF MOTHER	State the DISEASE CAUSING DEATH, or, in thaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and Whether Accidental, Suicidal, or Homicidal.
۵	MM & formse lady	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country)	At place in the ot death yrs. mos. ds. State yrs mos. ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Mass Junes	Former of usual residence
	(Address) Carlaland Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	0	Emanuel Cemetry Melincoe Com 1914
FII	ed Sent 32 191 4 B 11 Bews REGISTER	20 UNDERTAKER BYOTHER ShowING
	If more blanks are needed, address Stat Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Pueereral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exbaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause of death approved by Committee on Nomencla-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations ou statement of Never report For vio-



V. S. No. 1.

N. B.

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8669

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

33 Registration Dist. No ...

Village or City Owing Mills (No. Rosewood Training Schoolst; -Ward)

[If death occurred in a hospital or institution, give its NAME Instead

	FULL NAME Cimile Fra	or street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	** COLOR OR HACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  September 6 , 191 4  (Month) (Day (Year)  170 I HEREBY CERTIFY, That I attended deceased from
6 D	Month) (Day (Year)	that I last saw her alive on Lefet 5, 1914,
TA	26 yrs 5 mos 19 ds. OR min.?	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or ricular kind of work	Thereplosis
bus	iness, or establishment in ich employed (or employer)	Contributory Secondary
S	10 NAME OF FATHER Confluence	(Signed) New Lle Bounds M. D. D. Left 6, 1914 (Address) Oran the mile mile md
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
Δ,	13 BIRTHPLACE OF MOTHER (State or country)	At place of death / yrs. mos. / 6 ds. State 2 byrs, & mos. / 9 ds
	(Interment) Consider to the Best of MY KNOWLEDGE  (Interment) Consider to the Best of MY KNOWLED	Where was disease contracted, If not at place of death?  Former or Usual residence Balling Mark  19 Phace of Burial or Removal Date of Burial
15 Fil	//-	Rodewood Cynes Syst 7, 1914
	REGISTRAR  If more blanks are needed, address State Regis	trar, 6 F. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF US probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 5 1914 BURREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City-	Colgate (No. Sable	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If dealh occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSOI	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female.	Mhy to Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept. 22, 1914 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I ettended deceased from
7 AGEL LOCUPATION (a) Trade, profession, particular kind of wor	(Month) (Day (Year)  (Year)	that I last saw he alive on Soft 22, 1914, and that death occurred on the date stated above, at 10:20 m,
(b) General nature of business, or establis which employed (or en BIRTHPLACE (State or coun	shment in mplayer)	Contributory Attenio - scleracis.
10 NAME OF FATHER  11 BIRTHPLA OF FATH (State or 12 MAIDEN NOF MOTH	NAME D. Luvww.	(Signed) John Mos. ds.  (Signed) John M. D.  Soff. 22, 191 4 (Address) 20 h. Patt-Ple. Car.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients.
11	TRUE TO THE BEST OF MY KNOWLEDGE  ans. Saynsky	At place in the of death yrs. mos. ds. State yrs. mos. ds. Mos. ds. State yrs. mos. ds. State yrs. mos. ds. State yrs. mos. ds. State yrs. mos. ds. Mos. ds. Mos. ds. Mos. ds. Mos. ds. Mo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered	No. 3.8

Kegistered	No
St;Ward)	[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, Married Wiooweo, ORDIVORCEO (Write the word)	18 DATE OF DEATH Seph 20th (Month) (Day) (Year)
IRTH	17   HEREBY CERTIFY, That I attended deceased from
November 24, 1856 (Month) (Day) (Year)	Seph 18, 1914, to Seph 20, 1914, that I last saw him alive on Seph 20, 1914
1t LESS than 1 day,hrs. 57 yrs. 9 mos. 26 ds. ormin.?	and that death occurred on the date stated above, at // 30 A.m., The CAUSE OF DEATH* was as follows:
on ssion, or Lawyer of work Lawyer	Apoplefy
ure of Industry, stablishment In (or employer)	(Duration) 748 mos. 2 ds.
intry) Harrisburg, Pa	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Duration) / yrs. mos. ds.
or HER Judge Daniel Gans	(Signed) & M. Duncan M. D.
HPLACE ATHER or country) Pa.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
EN NAME MOTHER Margaret Schwartz	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICINAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
HPLACE . OTHER or country)	At place in the of death yrs mos ds. State yrs mos ds.
E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
Edgar Gans	Former or usual residence
ss) York Rd. & Winston Ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1-23, 1914 Clars Small	Mary's Cemetery Governs 133, 1914  29 PHOERTAKER  ADDRESS  ADDRESS  ACTORN W. Mars V. Son 10,50, Calvert.
if more blanks are needed, address State Registrar, 6	

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is necminc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puepperal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_\_ valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSICIANS RECORD PERMANENT EXACTLY. UNFADING DEATH 6 OF mportant. ш Every 8 z

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOBOR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVDRCED (Write the word) (Month) (Dav HEREBY CERTIFY, That I attended deceased from (Month) (Dav 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH\* was as follows: .....min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ...... 9BIRTHPLACE (State or country) Contributory Secondary. 10 NAME OF FATHER. ARENTS 11 BIRTHPLACE

(State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place (State or country) of death ..... yrs. ..... mos. .... Where was disease contracted. If not at place of death?

REGISTRAR

State ..... yrs. \_\_\_\_ mos.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. No. 1.

usual residence

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

15

OF MOTHER

OF MOTHER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Deaier," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applles to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthfui-Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No ... St: Ward) a hospital or institution. gire Its NAME Astead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH SEX 4 COLOR OR RACE S SINGLE, MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than occurred on the date stated shove, at ... 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE back (Address) terms, ARENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country) DEATH State OF osual residence. important. CAUSE 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDDWED, (Day) (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory <sup>9</sup> BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE At place In the " . " OF MOTHER ot death \_\_\_\_\_ yrs. \_\_\_\_ mes. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ Where was disease contracted. 14 THE ABOVE JS TRUE TO KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURLAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Balto. Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Lungle 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE It LESS than 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos.... State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds Where was disease contracted. it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address, Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfuleated thus: Farmer (retired 6 yis.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerpenal peritonitis," etc. State eause for childbirth or miscarriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the Americau Mcdical Association.) cause of death approved by Committee ou Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Exhaustion," Never report For vio-



CSICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT proper supplied certifica ō back EATH in plain a instructions in in り日日 Item OF Every Item CAUSE OF Important.

STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH Gounty. Registration Dist. No... fif death occurred in Ward) a hospital or Institution. give its NAME Instead of street and number. ] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (Dav) (Year) ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: .... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signett) 191 (Address 11 SIRTHPLACE L OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 SIRTHPLACE At place In the OF MOTHER (State or country) of death State Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death? Former or (Informant) usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Mr. more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry; and therefore an of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turremeal scottichaeetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Traemia," "Weakness," genital," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.: valvular heart discase; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Bronchonncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



# PERMANENT

RECORD

PHYSICIANS shoul 0 Instructions plal DEATH ō 10 important. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilt death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1568 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 140 1 m. 1 day, .....hrs. OR ..... 7 yrs......ds. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or count \*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE A1 place OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State Where was disease contracted. It not at place of death?. Former or usual residence. (Address) .... 15

(Year)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAF

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. ness. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhold fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neofiasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Caninjury, as fracture of skuil, and consequences (e. g., mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the genltai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mcre symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleai operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 8678	STATE OF MARYLAND CERTIFICATE OF DEATH
County Catourvelles Ballewor	Starley Registered No. 30
Village or City Caturavelle (No. Educo	ward) [If death occurred in a hospitat or institution,
FULL NAME Signed & Mr. P. an	ed Isabella Gunday  give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWS, OR DIVORED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Sept 15,1914	HEREBY CERTIFY, That I attended deceased from 15, 1914, to 15, 1914, that I last saw has ally on 191
Month (Day) (fear)	and that death occurred on the date stated above, at 3 P. m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
mos, ds, OR min.?	C477 (3)
(a) Trade, protession, or particular kind of work	Course III b
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mose ds.
BIRTHPLACE (State or country) Colorsol & Md	Contributory (Secondary) (Daration) yrs: mos ds.
10 NAME OF FATHER Melian P. Gundry	(Signed) Howard W Jour, W. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the DISHARM CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- Savetta Sitt	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Buth Md -	At place in the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant)	usual residence
(Address) Calusalle Mid	PATE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed Seft 16, 1914 Marshall B wrst	20 UNDERTAKER ADDRESS TO THE ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can he known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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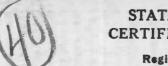
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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, so County WEST arlington



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Viilage or City	Dest arlington	(No. 4203 Fernhill	Cas St.; Ward)
	-		

2 FULL NAME Mm. Delle M. Hargadon

[it death occurred is a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Marries or or of the word)	16 DATE OF DEATH September 4, 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	July 27, 1914, to Sept. 39, 1914.
TAGE  11 LESS than 1 day,hrs. OR. mln.?	and that death occurred on the date stated above, at 6.45 g.m.  The CAUSE OF DEATH* was as follows:  Carcinomia and Ahophic  Cimunia of the Siotr
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Merria ds.
(State or country)  10 NAME OF FATHER Michael Coffay  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Ulia	Secondary  About 4 (Coration) yrs mos ds.  (Signed)  Sept. 4 1914 (Address) Fas uson Selving.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Mospitals, Institutions, Transients,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Wish Munrae Manyacton	OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) 4 20.3 Fernful Rive  15 Filed Eff. 3 191 4 William & Queen REGISTRAR  If more blanks are needed, address State Register	DATE OF BURIAL OR REMOVAL  Cathedral Complexy  20 UNDERTAKER  ADDRESS  Control Colorette  ADDRESS  Control Colorette  For G. E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of genital," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or ter Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," nal conditions, such as "As-For VIO-



VSICIANS should OCCUPATION IS PHYSICIANS RECORD statement PERMANENT classified. properly pe UNFADING may certificate. 80 0 back terms. should 0 plain Instructions Information 5 of inform WRITE See Item POF mportant. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist, No [it death occurred in .....Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWEO. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Dav (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. .... State ..... yrs. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or (intermant) usuai residence. REMOVA DATE OF BURI 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt ., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measics (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

8681	
1 PLACE OF DEATH	STATE OF MARYLAND
County Ballo ounty	CERTIFICATE OF DEATH
County Carry	Registration Dist, No.
(0)	of (100, 1 19 ams
Village or City and (No. 5 20	St.; Ward) a hospital or institution,
611.	give its NAME instead of street and number.]
FULL NAME Magdelena	er gr
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH CHERRY
Smale While (Write the word)	7 Month) (Day (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
///	Clig 30, 1914, to Sept 3, 1914.
(Month) (Day (Year)	that I last baw h 2 alive on Defo 2 1914
7 AGE 11 LESS than	and that death occurred on the date stated above, at
3 4 yrs // mos 20 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION MOS	May 1 1 1
(a) Trade, protession, or particular kind of work	Januar Drs Heart
(b) General nature of industry.	
business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Serrely
(State or country)	Secondary
10 NAME OF FATHER	(Duration) yrs mos ds.
- LANGUAN	(Signed) M. D.
OF FATHER	Sept 7, 191 7 (Address) TO & Nathank la
(State or country) Germany	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) femans.	At place of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Interment) Carles Herget	Former or
090 (9-14	usuai residence.
(Address) J.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
16 Celte 1 X & MEGG	20 UNDERTAKER ADDRESS
Filed John, 1914 John Registrar	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	, v s. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for For VIO-



V. S. No. 1.

#### RECORD PERMANENT UNFADING WITH PLAINLY, WRITE

should is OCCUPATION PHYSICIANS EXACTLY properly pe may certificate. that jo back terms. 6 plain See Instructions Information ٥ of Inform DEATH FO Important. Every It 1 z

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in -Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH WIDOW D. ORDIVORCED WORD (Month (Dav (Year) That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_ (State or country) \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ \_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklia St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"

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BURBAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. 7 <sup>2</sup>FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) nt the of death .... yrs. Where was disease contracted. if not at place of death Former or usual residence DATE OF BURIA 15 20 UNBERTAKER ADDRESS Flied. . d REGISTRAR If more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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F. B. No. 1.

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		od I
	RECORD	PHYSICIANS of OCCUPA
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	4	ed.
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)	INK-T	I. AGE
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W. E. No. 1.		AUSI
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C	PLACE OF DEATH 8684 ounty Baltimore Village or City Sorsiel Allino PULL NAME Elva Mystle	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3.6  St; Ward)  St; Ward)  Figure 1 to 1 t
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, WRITE the word) Child ATE OF BIRTH  MARRIED, WIDDWED, WRITE the word) Child	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1912, to  1914
_	(Month) (Day) (Year)	that I lest saw h A slive on Ap 15 1914
TA	ge If LESS than 1 day,hrs. or	and that death occurred on the date stated above, st 2 m. The CAUSE OF BEATH* was as follows:
(a pa (b) bus whi	CCUPATION ) Trade, profession, er riticular kind of work	(Doration) yrs mos cs.
9 B (S	State of maryland	Contributory Alm Gull Yy Mis  (Sepondary)  (Deration) / syrs 3 mos / ds
NTS	11 BIRTHPLACE OF FATHER (State or country)	(signed) Willard Status N. O. sept 16, 1914 (Address) White Hall ruf
PARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in desths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  Demsilving	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
	(Informant) Lama Holloway	Where was disease contracted, if not at place of death?  Former or usual residence
1 5 File	(Address) Passiton Md.	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balta, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
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cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second It should be used only when needed. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crebrospinal fever (the only definite synonym is "Epidemic cere-prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cer" is less definite; avoid use of "Tumor" for malkby earbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.). cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as cbildbirth or miscarriage, as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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RECORD	PHYSICIANS should of OCCUPATION IS	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is verimportant. See instructions on back of certificate.	

3 SEX

TAGE

PARENTS

15

BOCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

STATE OF MARYLAND CERTIFICATE OF DEATH

			24
Registration	Diet	Na	27
Negisti ativii	PISt.		

MARRIEO, Luy le widoweo. ORDIVORCEO (Write the word)

(Day

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE.

4 COLOR OR RACE

(a) Trade, profession, or Religions particular kind of work.

(b) General nature of industry, business, or establishment in Relyion which employed (or employer)

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

Ann Howard (So Surplice

(Year)

If LESS than

1 day hrs.

MEDICAL GERTH TOATE	OI DEATH
16 DATE OF DEATH Lepl	70 ,191.4 (Day (Year)
(Month)	(Day (Year)
Janeers 1914, to def	
that I last saw h 22 alive on	191.L., 191.L.,
and that death occurred on the date state	ed above, at 7314m.
The CAUSE OF DEATH * was as follows:	
Fil, Jubiran	losi,
all gor 10 h	ws.
(Dutativit)	yrsmosds.
Contributory Secondary	*************
( )	O wro 3 mag / do
(Signed) Frank J. Flann	
(Signed) State (1)	. M. D.
Sept 2014 , 191 4 (Address) New	Hope:
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	S, INSTITUTIONS, TRANSIENTS,
At place at In the	Lout/Knin
	yrs, mos ds
Where was disease contracted, Doub Ku.	070
Former or 6	
usual residence Encuellatury	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mr Hope ned	Reft 21, 1914
20 UNDERTAKER	ADDRESS
Stewart & Mown	Ballemore Med.
or C. F. Franklin St. Palt.	reactions ran.

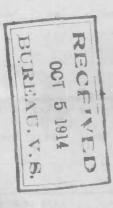
REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If getired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," The

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"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine defiultely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitie," etc., State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "Iuanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion,"



S. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ACCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

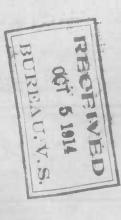
County Baltimore White Hallo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
2 FULL NAME Merenda H	St.; Ward) a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, MARRIED, WIDOWE (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Security 9 (Year)	that I last saw h 12 alive on Sept 191
1 LESS than t day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Amorphy four bouls
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manufaud	Contributory Wavnes Enlighter (Secondary)
10 NAME OF ELI Berry	(Signed) yrs 4 mos 3 ds (Signed) , M. D.
OFFATHER (State or country)  Maryland  Part of Mother (Maryland)  A Maryland  Part of Mother (Maryland)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death
(Informant) OSE PHILE CO	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) New Vark Ja.  15 Filed Upl 3, 1914 Willard Stuling	19 PUACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
It more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

"[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. statement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons (e)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State-MEANS OF INJURY and, qualify as childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) "Old Age," "Shock," "Senile." etc.), (Recommendations on statement of may be stated under the head or Homicidal, or as probably "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples: For vio-



V. S. No. 1.

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1 PLACE OF DEATH Village or City Cauton

STATE OF MADVI AND

SIAIL OF I	TATE I	LIMIT
CERTIFICATE	OF	DEATH
Registration	Dist.	No. /

(No. 1105-5. Bouldings; Ward	[If death occurred a hospital or institution
- 311 Bita B	give its NAME insfer

FULL NAME Frozelice 3	1/2 alers destation
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Wille White of Windles (Write the word)	16 DATE OF DEATH  (Math) (Jay (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Jeff 19 (Month) (Dy (Year)	that I last saw h allvoon we Brief Juff 19
7 AGE   If LESS than f day, Ohrs.   OR     OR	and that death occurred on the date stated about, at
(a) Trade, profession, or particular kind of work	Przwature Broth
business, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country) Ind	Secondary (Duration) yrs mos ds.
10 NAME OF Benjamin Hubr	(Signed) M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deafh yrs mos ds. State yrs mos ds  Where was disease contracted, If not af place of death?
(Informant) I day Nuller	Former or usual residence
(Address) (Addre	Trinity Cernetery Sefet. 20, 191 4  20 UNDERTAKER Birkle 320 4 O'Dornell
If more blanks are needed, address State Reg	istrar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. 1915 WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO EST OF MY KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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No. 80

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or lostitution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended decessed from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 mos. uberen larer BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITAES, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE If not at place of death? Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UM DERTAKER

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection, with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-TENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, ctc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. THIS properly INK pe UNFADING may that it 80 0 back terms, 50 piain EATH in plain e instructions See a Every Item CAUSE OF Important. 10

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. (No 13228 Castery ave Ilt death occurred in a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HERERY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t day, hrs. The CAUSE OF DEATH\* was as follows: mos..... OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE . 191 4 (Address). OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. (State or country) State \_\_\_\_\_ yrs. \_\_ Where was disease contracted. KNOWLEDGE it not at place of death?-Former or usuai residence DATE OF BURIAL

20 UNDERTAK

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If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 143 Ilf death occorred in a hospital or lostitutico. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWED, & (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 uchter & Browch -BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where was disease contracted. If not at place of death?-Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St.:----Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL **PARTICULARS** 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) Dav 7 AGE If LESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE -(Address) OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE In these At place OF MOTHER (State or country) of death ..... yrs. .... mos. State ..... yrs. \_ ds. Where was disease contracted, If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

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Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Courulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla ".Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acei ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



### V. S. No. 1.

### N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Canlon (No. 3227	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred to a hospital or lostitution,
FULL NAME STAF Tran	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw. h
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Sullton
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory. Secondary
10 NAME OF Stephen lendrus of	(Signed) (Boration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH OF In deaths from Working
of Mother anna lovehoska	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Lermany	At place lo tho ot deathyrsmosds. Stateyrsmosde
(Informant) September Jendrusiak	Where was dispase contracted, If not at place of death?  Former or Usual residence
(Address) 3227 Elliott	It Stanes are Som Stol 2 1914
File Left, 19th E. M. Claudeau REGISTRAS W.	Lepher Trollown by 1627 Chemon
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

### PLACE OF DEATH M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Catuwille

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

.Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead

²FULL NAME	hudan of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Cafared (Write the word)	16 DATE OF DEATH Sept 23, 191.4. (Moyth) (Day (Year)
Sept 23, 181W (Month) (Day (Year)	that I last saw has alive on Refer to 1914.
7 AGE If LESS than 1 dayhrs. OR 2.min. ?	and that death occurred on the date stated above, at 2
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	cause inknown
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Harry Jahusan  11 BIRTHPLACE OF FATHER (State or country)  Waryland	(Signed) (Buration) yrs mos ds  (Signed) W Sterly M. D.  Sefat 23, 191 4 (Address) Catause will w  *State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME Racharl Coopeland 13 BIRTHPLACE OF MOTHER (State or country)  13 WAY Rand	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HIGHICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rachael Johnson	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) Calausareliud  Filed Seft 26, 1914 Maishall B Wish  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Western Star Cerr Sept 26, 1914.  20 UNDERTAKEN  ADDRESS
	trar, 6 E. Franklig St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be snificient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehue ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomcnclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED 001 7 1914 ON RECEIVES

### BINDING FOR ERVED Ш ARGIN

4 UNFADING WITH PLAINLY

should is OCCUPATION RECORD PERMANENT classified supplied. pe certificate. that 80 jo back plain Instructions 2 EATH WRITE See 50 OF Important. Every It

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state Very

### STATE OF MARYLAND ACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No... Lit death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. ] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS Than and that death occurred on the date stated 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE A1 place In the OF MOTHER (State or country) State ..... yrs. \_\_\_\_ mos. \_\_\_ ..... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death? usual residence BURIAL (Address). 15

If more blanks are needed, address State Registrar, 6 E. Franklia St., Balto., Requesting V. S. No. 1.

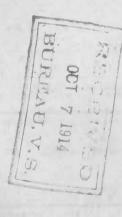
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

tiou is very Important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursults can be known. The question who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foremau," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearrlage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma." "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection used not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Puerperal septichue-"Exhaustiou,"



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

PERMANENT RECORD

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UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be in Important. See instructions on back of certificate.

WRITE PLAINLY, WITH

PLACE OF DEATH

8696

inty Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

man 1 Karal

2FULL NAME /// DANIE / MILLY			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (IV rite the word) Married	16 DATE OF DEATH SLAV QL , 1914 (Month) (Day (Year)		
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Criquest 27, 191 4, to State 26, 191 4, that I last saw hamalive on Salah 26, 191 4		
7 AGE   If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at		
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.		
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Ohn Karely  11 BIRTHPLACE OF FATHER	Contributory Cruncis clinam Secondary  (Duration) yrs mos ds.  (Signed) Local Cruait , M. D.  Lift 24,181 4 (Address) Local Capital Van		
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  Maruland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HIGHICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds.		
(Informant) Mr. J. Kanely  (Address) 35 J. S. Mouroe St.	Where was disease contracted, it not at place of death?  Former or usual rosidence. 3 5 Marine St.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Flied Sept 24191 4 George timest	20 UNDERTAKER EMACIEUM MITCHEL FORMERS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated sthus: gainfully employed, as At school or At home. additional line is provided for the latter statement; who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many For many occupatious a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough Chronic cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



S. No. 1.

N.B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s. Important. PLACE OF DEATH 869



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Vili	age or City Cermy (No. 2FULL NAME Florry Kears	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
	ATE OF BIRTH  (Month)  (Market De Wood)  (Write the word)  (Month)  (Day (Year)	16 DATE OF DEATH  (Month)  17  I HEREBY GERTIFY, That I at  July 2 2 , 191 4 to Sept  that I last saw h manalive on Sept	(Day (Year) ttended deceased from (1914, 1914
(a) par	Trade, profession, or ficular kind of work.	and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	
busi	General nature of industry, iness, or establishment in the employed (or employer)  Balto, Co  MA  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) J. Jeney (Address) Carr	yrs most ds.
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  12 Cay ancing	*State the DISEASE CAUSING DEATH, OB, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OT HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State	deaths from Violent (2) whether Acciden-
	informant) Elean C Leen M  (Address) Fullenton Mod  ed September 1914 Clayeu  Recistran	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  September 2019	DATE OF BURIAL  13, 1914
	1f more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. N	0. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as daties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton will; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is use-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the msease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. Exvalvular heart disease; Chronic interstilial nephritis which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras gcuital," "Seuile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease cansing death), 29 ds.; thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT NEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLAGE OF DEATH 8698	STATE OF MARYLAND
Gounty Ballo (no)	CERTIFICATE OF DEATH
G. C.	had Registration Dist. No. 33
Village or City Glyndon (No. 1)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Female White Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Jan 21 1886	May 1914, to Sept 1 , 1914,
7 AGE (Month) (Day (Year)	that I last saw hen alive on Defit 1914
28 y 11 1 day,hrs.	and that death occurred on the date stated above, at
BOCCUPATION MCS	Pulman Lubergulesis
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Vyrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Euchyguna Secondary
- Buno Cour ma	Duelkin (Duration) yrs mos ds
10 NAME OF James O'hear	(Signed) Thurstone M. D.
O 11 BIRTHPLACE OF FATHER	Sefr 2 191 4 (Address) Glynedin Min
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
- Alvier Fiction	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSCOLO
OF MOTHER (State or country) Council to Me A	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) James Of Meana	Former or usual residence.
(Address) Glynden Md	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Flied Sh. 2 1914 SYMSlade	Nur Calledial Systy, 1914
REGISTRAR	A Fi Chice Restreat
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (c. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as The contributory Always qualify all diseases resulting from Meastes (disease causing death). 29 ds.; (Recommendations on statement of (secondary or intercurrent)



### BINDING 0 ESERVED ARGIN

RECORD PERMANENT INK-THIS pe may PLAINLY ATH in plain instructions WRITE o 9

certifica

10

back

Important.

15

Every

No.

02

OF MOTHER

OF MOTHER (State or country

13 BIRTHPLACE

### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED WIDOWED, ORDIVORCED Write the word I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH Month) (Day (Year) TAGE It LESS than and that desth occurred on the date stated shove, sta t day,.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME

[If death occurred lo a hospital or institution.

give its NAME Instead of street and number. ]

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the

State

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTR.

At place

Former or

osual residence

20 UNDERTAKER

OR RECENT RESIDENTS)

\_\_\_ yrs. \_\_\_

OF BURIAL OR REMOVAL

Where was disease contracted. If not af place of death?

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL perttonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIFAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senilc," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU.V.S.

RECORD

PERMANENT

S. No. 1.

m ż

PLAINLY, WITH UNFADING INK-THIS IS

should state properly classified. Exact statement of OCCUPATION is very PHYSICIANS stated EXACTLY. should be AGE carefully supplied. See instructions on back of certificate.

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be Important.



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Baltimor 8700	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Highlan dtown (No. 311 8.	Clinton St.; Ward)  [If death occurred In a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemule White Single, Married.  White Word or Worker (Write the word)	16 DATE OF DEATH  Sept. 23 2 , 191 4  (Month) (Day (Year)  17 I HEREBY GERTIFY. That I attended deceased from
9 DATE OF BIRTH  Mov. 2 - 1894  (Month) (Day (Year)	that I last saw her alive on Sept. 18. 1914.
7 AGE  19 yrs. 10 mos. 1 ds. OR	and that death occurred on the date stated above, at 10. 50 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mid.	(Duration) yrs. 7 mos. ds.  Contributory Secondary
10 NAME OF FATHER Charles Jackson  11 BIRTHPLACE OF FATHER (State or country)  M 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  Mid.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Interment) Secret Thisch  (Address) 31/8, Chinton St	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Vill 24, 1944 (L. G. GUR Placeafer REGISTRAR)	Sacrat Heart Curs. Sept. 26, 1914  20 UNDERTAKER  Lily and Zulu 403 & Wolfest.
/ If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm labber, Laborer-Coal statement. Never return "Laborer," "Foreman," "Maunger," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee Civil engineer, Stationary freman. ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Consouthal," "Senile," etc.). "Drawer" "Fasta "..." ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial neprintis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scotichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," merc symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

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OCT 7 ISL

S. No. 1.

PLACE OF DEATH

Car	unty Baltimor 8701	CERTIFICATE OF DEATH
VIII		Registration Dist. No. 4.  8. Children St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE		18 DATE OF DEATH  SALT:  29, 1914  25 (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day (Year)	that I last saw has alive on Jaj 7 28 ,1914
7 AG	If LESS than 1 day,hrs.  yrsmos	and that death occurred on the date stated above, at 4, 30 m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi whice	CCUPATION Trade, profession, or rticular kind of work.  General nature of Industry, liness, or establishment in ch employed (or employer)	Contributory revolt Consumy this
	10 NAME OF George Kurch	(Signed) Secondary (Julianal Beration) yrs 7 mos. ds
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Heliu Jackson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  Md,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
	(Informant) Scarge Kusch  (Address) 609 S. Chuston St.	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Acres Heart Ceru & M. 191 4
File	REGISTRO	20 UNDERTAKER Jules ADDRESS  ADDRESS  403 Swofes  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

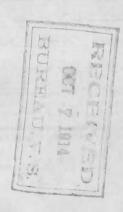
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never retnrn "Laborer," material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, ctc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. canse of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichuectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: thre of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS (ate MEANS OF INJURY and qualify as is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head (Recommendations on statement of (disease cansing death), 29 ds.; Never report



UNFADING INK-THIS IS A PERMANENT

RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

WRITE PLAINLY, WITH

County Balliure 8702	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3  Deistertown Rocal [If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Lingle Wheth ORDINOROSE (Write the word)  B DATE OF BIRTH  August 27  11913	16 DATE OF DEATH  (Month) / Chay (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191/4,
7 AGE (Month) (Day (Year)  7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st
*OCCUPATION (a) Trade, profession, or particular kind of work (b) General neture of industry, business, or establishment in	Hent melystron
which employed (or employer)  **BIRTHPLACE* (State or country)  **Ballemore*  **Mod	Contributory Carchine Synage.  Secondary  (Ouration)  yrs. mos. ds.
11 BIRTHPLACE OF FATHER  (State or country.)  12 MAIDEN NAME OF MOTHER  (State of Country.)  12 MAIDEN NAME OF MOTHER  (State of Country.)	(Signed) Sofard A Bolan, M. D. Sylin 1914 (Address) 1505 7- Jay 112 84  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
(Informant). When the BEST OF MY KNOWLEDGE  (Informant). Loughler  (	Where wes disease contracted, If not at place of death?————————————————————————————————————
Filed Sept 19 1914 Have a Muly	19 PLACE OF BURIAL OR REMOVAL  LOCAL DATE OF BURIAL  LOCAL DELLE SC. 1914  ADDRESS ONE
	rar, 6 Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also-(b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.;



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING UNFADING INK-THIS IS WRITE PLAINLY, WITH MARGIN Every Item of information should be CAUSE OF DEATH in plain terms, so No.

υż

N. B.

1 PLACE OF DEATH

07112

County Baltinene	CERTIFICATE OF DEATH
Gounty	Registered No. 38
Village or City Frondence (No. 2 FULL NAME Still Born	St; Ward)  [If death occurred a hospital or institute give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY ERTIFY, That I attended decessed from
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MAIDEN NAME OF MOTHER (State or country)	that I last saw h alve on 191 and that death occurred on the date stated above, at 191 and that death occurred on the date stated above, at 191 and that death occurred on the date stated above, at 191 and that death occurred on the date stated above, at 191 and the GAUSE OF DEATH* was as follows:  (Duration) yrs. mos. d  (Signed) (Duration) yrs. mos. d  (Signed) (Signed
(Informant) I le Du Raver Jud  15 Filed Sept 16, 1914 Registran	If not at place of death?  Former or  USUAL residence.  19 PLACE OF BURIAL OR REMOVAL  COVERS CERVETRY  20 UNDERTAKER  ADDRESS  TRESON
if more blank ce needed, address State Registrar, 6	Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient; e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defends and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... is less definite; avoid use of "Tumor" for malig The contributory Aiways quality ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 5 1914

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

	PLACE OF DEATH 8704	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Jahrenal	Registration Dist. No. 38
1	Village or City Januarille (No. )	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MARRIEO, MARRIEO, MIDOWED, MIDOWED, MARRIEO, MARRIEO	16 DATE OF DEATH  LAND (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from Changes 3 1, 191 4 to September 20, 191 4  that Mast saw h mailve on September 20, 191 4
	TAGE  If LESS than 1 day,hrs. ORmin.?  B OCCUPATION (a) Trade, profession, or particular kind of work  Tetred	and that death occurred on the date stated above, at 1
	(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Baltimore  Mod.	Contributory Leabeles Melletters (Secondary)  (Quration) 7 yrs 6 mos ds.
Page 1	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed) Months 19. Wirell M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the
	(Address) Settyel Survey (Address) Settyel Survey Survey Set Surve	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted.  If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OF REMOVAL  A OUR DEATH OF BURIAL  A OUR DEATH OF BURIAL
	Filed Seft 22, 1914 Class State Regis trar, 6	M& Mrs. John H. Seufel 80 W. Fayette &

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewifc, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (a)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purreman scottchaemus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Vil	lage or City Sk agnes Syno Sectar	Registration Dist. No.  St.; Ward)  St.; Ward)  in the property of the propert
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, CRDIVORCED (Write the word)  CAL	16 DATE OF DEATH  School (Month) (Day (X)  17 I HEREBY CERTIFY, That I attended decease  1181 to 1181
(a)	(Month) (Day (Year)  GE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at  The CAUSE OF DEATH* was as follows:
		accedent so man to a 1/4 1/4 (a)
bus	General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  Variagnaia	Contributory Di Clelpside  Secondary  (Duration) yrs mos description  Contributory Di Clelpside  Secondary  (Duration) yrs mos
STNTS BIS 6	General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Contributory Ti Clefriche Secondary  (Signed) Contribution (Duration)  (Signed) Contribution (Duration)  (Signed) To the Autorities  Sept. 15, 191 4 (Address) Of Cyner Visigness
PARENTS IN S I	General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 Agina	Contributory Di Clelquette Secondary  (Signed) Norbert B Meschen

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For VIO-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred in a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, (Month) (Day) (Year) ORGIVORCED (Write the word) HEREBY CERTIFY, That I attended despused from 6 DATE OF BIRTH (Day) (Year) (Month 7 AGE It LESS than and that death occurred on the date stated above, at, t day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE (Address) ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) ...... yrs. .... mos. ..... ds. State ...... yrs, \_\_\_\_ mos. ..... ds Where was disease contracted. 14THE ABOVE IS TRUE TO It not at place of death? Former or usual residence. BURIAL (Address) 15 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acclsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scottchaecause. 'Always qualify all diseases resulting from mus," "Old Age," "Shock," "Traemia," "Weakness," genital," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS-State MEANS-OF INJURY-and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



STATE OF MARYLAND SICIANS should state occupation is very CERTIFICATE OF DEATH Registration Dist. No [If death occurred in Ward) a hospital or institution. give its NAME instead Of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day BINDIN I HEREBY CERTIFY, That I attended deceased from (Day 7 AGE If LESS than and that death occurred on the date stated above, 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 10 ARGIN 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the DEATH ot death ...... yrs. ..... mos. .... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS, See if not at place of death?. 0 Former or PO mportant. usual residence. ы Every (Address) 15 REGISTRAR If more blanks are needed, address State Registrar, & F. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH County Ballo



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Howar	dfacto Geny	un Bah aus St; War	d)
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Village or City Hervard Parks. Fig.	St.; Ward)  A hospital or institution, give its NAME lostead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensel 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	Sefet 101, 1914, to Sefet 2 2nd, 1914, that I last saw he alive on Sufet 2000, 1914
7 AGE   11 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	T. J. De de de la constant de la con
business, or establishmeet in which employed (or employer)	(Duration) yrs. mos. 12 ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF FATHER James Manna	(Signed) (Duration) Tyrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
(Informant) Ith Jane Genel	Where was disease confracted, If not at place of death?  Former or
(Address) Harad Park	19 PLACE OF BURIAL OR REMOVAL  ACCEPTATION  SALE  SALE
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If more blanka are needed, address State Begistrar, & E. Frankyn S., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, married WIOWED, Separated OROIVORCEO (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 2 t day, .....hrs. The CAUSE OF DEATH \* was as follows: O mos. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address). 11 BIRTHPLACE Z OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was dispase contracted If not at place of death? usual residence. OF BURIAL 15 20 UNDERTA ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 28 ds.: affection need not be stated unicss important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Aeeidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conture of the American Medical Association.) sepsis, tetanus) Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness." (name origin; "Can State cause for Examples:



٧	* FULL NAME John M. R.	St; Ward)  [If death occurred a hospital or institution give its NAME insternation of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	lale Mily (Write the word)  4 COLOR OR RACE  5 SINGLE, MARRIED, ZHAVALL  ORDIVERED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CENTIFY, That I attended deceased fro
6 D	Month (Day) (Year)	Cley 2 6 , 1914, to Left 2 , 1915 that I lest saw h in allve on Left list , 1914
7 A C	It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7-9, m The CAUSE OF DEATH* was as follows:
	General nature of industry, iness, or establishment in	(Russian) -
busi	ch employed (or employer) arming,  RTHPLACE (ate or country)  9reland	Contributory College College (Secondary)  (Duration) Z yrs mos d
busi whi	10 NAME OF FATHER Quela M. Rate  11 BIRTHPLACE	(Secondary)
RENTS SISTER SIS	10 NAME OF FATHER Owks Mc. Rate  11 BIRTHPLACE (State or country) Scotland  12 MAIDEN NAME	(Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.
ENTS SING	10 NAME OF FATHER Owks M. Rae  11 BIRTHPLACE (State or country) Scotland	(Signed). (Signe
PARENTS (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	10 NAME OF FATHER Own M. Rate  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER WATER STATE  13 BIRTHPLACE  14 BIRTHPLACE  15 BIRTHPLACE  16 BIRTHPLACE	(Signed) (Si

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of IIIwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinolasis of lungs, meninges, peritonaeum, etc.. Carcinolasis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichae ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," "Senlle," etc.), "Dropsy," "Exhaustlon," nant neopiasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name orlgln; "Can-Examples:



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	FULL NAME State he C.
-	PERSONAL AND STATISTICAL PARTICULARS
35	4 COLOR OR RACE MARRIED, MARY WHOWED, Marri ORDIVORCED (Write the word)
6 D	ATE OF BIRTH  August 23, 1
7 A	
(a)	CCUPATION Trade, profession, or ricular kind of work  Lady of No.
(b)	General nature of Industry, iness, or establishment in ch employed (or employer)
	RTHPLACE (State or country) Balfo. Ind.
	10 NAME OF FATHER
	Isaac M Curlly.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Balfo. Rud.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Balto. Fud.  12 MAJOEN NAME OF MOTHER Auril State
L	11 BIRTHPLACE OF FATHER (State or country) Calfo. Fugl.  12 MAJOEN NAME

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

-St.;-----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

NAME State hit m	alteig
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE    Sincle,   Married,   Marrie	16 DATE OF DEATH Sept. 12 M., 1914. (Month) (Day (Year)
Migraph 23 , 1877 Month) (Day (Year)	that I last saw here slive on Sept 11th, 1914,
7 yrs mos 18 ds <u>or</u> min. ?	and that desth occurred on the date stated above, at
Lady at Honey	Endocarditis + myocarditis
yer)	(Duration) Many years ds.
'Balfo. Ind.	Secondary (Boration) yrs 9 mos ds.
saac mª Curley.	(Signed) Miny B. E. Seega, M. D.
entry) Balto. Med.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
anne Stran	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
entry) Balto. Rud.	of death yrs mos ds. State yrs mos ds
liam mallby	Where was disease contracted, if not at place of death?  Former or
2730 7. leharlis St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Louder Park Perm 9-14 1914
191 + M. Torle	HENRY W. FENSING & April College of Change
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

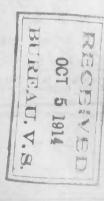


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. Never report For vio-



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Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. stated classifled. 4 pinous INK-THIS properly ACE supplied. be UNFADING may certificate. 0 0 WITH DEATH in plain terms. See instructions on back pinous PLAINLY, of information WRITE CAUSE OF Important.

1 PLACE OF DEATH Maudloin

4 COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Month'

5 SINGLE, MARRIED,

, CZWOOIW ORDIVORCED

(Day

2FULL NAME

6 DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

THE ABOVE IS TRUE TO THE

(b) General nature of industry,

business, or establishment in

which employed (or employer) ....

TAGE

PARENTS

15



(Year)

It LESS than

t day,.....hrs.

OR ..... min. ?

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

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Loubard st;	Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and comber.]
ardaga		
MEDICAL CERTI	FIGATE OF	DEATH
16 DATE OF DEATH Sep	1. 79	1916
	Ionth)	(Day (Year)
Sept 28 1914	Olfs.	thended deceased from
that I last saw how alive on	July	128,191 %
and that death occurred on the	date stated at	oove, atm,
The CAUSE OF DEATH* was as	s follows:	
A A	***************************************	0000000
aklectas	is	
	(furnting)	yrs mos V ds.
1 . N	low	
- WOW	Duration)	yrsds.
Ogh 79, 191 4 (Address)	33076	E Buch S
State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, in INJURY; and	deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR		
At place of death yrs mos d	in the	yrs ds
Where was disease contracted, If not at place of death?	***************************************	7100 0000000000000000000000000000000000
Former or usual residence	Problem mo community dustry and 4000	
19 PLACE OF BURIAL OR REMO	DVAL	THE OF BURIAL
20 UNDERTAKER		191.7.5
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2	) (	008 sleans

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eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examp (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who armengaged in the Never return "Laborer," As examples: "Foremau," (d)

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal scottichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the nus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," ete.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



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2	Item	OF	ant.
	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or Institution, give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEAT 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) (Month) (Day (Year) (Month) 7 AGE If LESS than f day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 SIRTHPLACE (State or country) Contributors 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_-Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death?. Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH

8714 (C)	CERTIFICATE OF DEATH
County County	Registered No. 1/2
Village or City toward (No. (No. )	St; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Tear)	that I last saw h im alive on lug. 300 - 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION.  (a) Trade, protession, or particular kind of work.  (b) General nature of Industry,	Whooling ough
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory The Train Practice (Secondary)
10 NAME OF Nowh aniel Northin.	(Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State ur country)  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs mos ds.
(Informant)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Sanstrume mo,  15 Filed List 1914 7 P. Rull  REGISTRAR	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ANDRESS
	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospical meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, pertionacum, etc... Carcinosts of lungs, meninges, pertionacum, etc... Carcinoscip

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgmere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Aiways qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples



# WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B. No. 1.

PERMANENT RECORD

4

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

PLACE OF DEATH



### STATE OF MARYLAND

County Salling	CERTIFICATE OF DEATH
Village or City Marie (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED  ORDIVORCED  Write the word)  6 DATE OF BIRTH  A  16  1894	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  (1914, to 3, 1914,
(Month) (Day) (Year)   7 AGE	and that death occurred on the date stated above, at 2m, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory acute Enter to (Secondary)  (Buration) - yrs / 0 mos - ds.  Contributory (Secondary)
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME	(Signed) (Address) White Health M.D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, If not at place of death?  Former or
(Address) Thili Hall ML  Filed Sept 3, 191 & WM Mark Studies  REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  10 P

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. "Manager,"-"Dealer," etc., without more precise speciit should be used only when needed. additional ilne is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness-of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: mia," "Puerpreal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Deblifty" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck, by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioample: Measles ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should attated GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN

V. S. No. 1.

1 PLACE OF DEATH

County Allunds	CERTIFICATE OF DEATH
Village or City Trusselle (No. )	Registration Dist. No. 30  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Make S single, Marrieo, Widowed, ORDINDROCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Soul Vinas about Kins, 1 (Year)	that I last saw h Lucy allve on A gfl 26, 1914
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 a.m.  The CAUSE OF DEATH* was as follows:  Stand Curson Conclusion.
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Morgland	(Duration) 2 yrs. 6 mos. ds.  Contributory Secondary (Duration) mos. ds.
10 NAME OF FATHER Day Row Ruce W  11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ids Worksours  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informatic) (Informatic)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place A for the place of death of the contracted, or the contracted, or the contracted of the contract
(Address)	19 PLACE OF BURIAL OR REMOVAL  OCOMPLE DES Seft 30, 1914.  20 UNDERTAKER  ADDRESS  Balto  Erar, 6 E. Franklin St., Tay Chaptersting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the first line will be sufficient, e. g., Statement of occupation-Precise statement of occupa Spinner, Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, But in many "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BECT 7.1914

### PERMANENT -THIS X 0

1 PLACE OF DEATH STATE OF MARYLAND SIANS should state CERTIFICATE OF DEATH Registration Dist. No. PHYSICIANS Ilf death occurred in St.;....Ward) RECORD a hospital or lostitution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at / L 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) certificate. Contributory (State or country) Secondary FATHER 10 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE Af place In the OF MOTHER (State or country) DEATH of death ..... yrs. .... mos. .... State ..... yrs, \_\_\_\_ mos. \_ ds. Where was disease contracted. If nof at place of death? Former or Item PO Important, usual residence. Every It 15 8 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy;" "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

	County July Acting Coron	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
/	Village or Aty modern le (No. M)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 STINGLE, MARRIEO, MUDOWED, WILDOWED,	16 DATE OF DEATH LEAST 300 1914
	Male White (Write the word)  B DATE OF BIRTH	(Month) Day) (Year)
	Month (Day (Year)	that I last saw h Malive on Duff 191
	7 AGE / If LESS than t day,hrs.	and that death occurred on the date stated above; at
	B OCCUPATION  (a) Trade profession of 7/1/1/2	The CAUSE OF DEATH * was as follows:
	(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	appleyy The
cate.	which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory (Secondary) (Secondary) (Secondary) (Secondary)
I certifi	10 NAME OF MM & Miller	(Signed), (Opticion) yrs. mos. ds.
Dack o	of FATHER (State or country)  The state of country of the state of	Olph 3, 191 (Address) and well
us on	(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
struction	13 BIRTHPLACE OF MOTHER (State or country) Harford Co mid	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
see ins	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
portant.	(Address) Lauraville md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
odwi	Filed Peter 4. 1914 M. F. Clay Low.	20 UNDERTAKER CONT JOTO, 181.
	M more blanks are needed, address State Regis trar, 9	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," "Contributory." such, if impossible to determine definitely. childblrth or miscarriage. as "Purreeral scottchaccause of death approved by Committee on Nomencla sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acclwhich surgical operation was undertaken. For vionant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senlie," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:



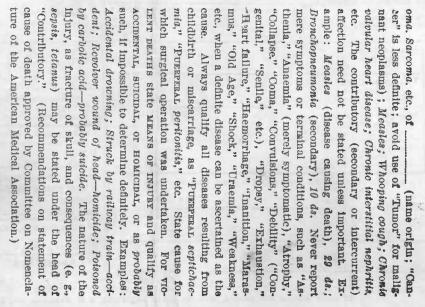
N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED FOR

Village or City Carney (No. 2 FULL NAME Katherine 7)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St; Ward)  Fit death occurred to a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SAINGLE, MARRIED, WINOWED, WINDOWED, WINOWED, WINDOWED,	16 DATE OF DEATH Sept. 26, 1914  (Month) (Day) (Year)  17 I HEREBY GERTIFY That I attended deceased from  , 1913, to Sept. 21, 1914  that I last saw h Lalive on 21, 1914
TAGE    If LESS than 1 day,hrs. or mos. 15 ds. or min.?	and that death occurred on the date stated above, at 4,300m, The GAUSE OF DEATH * was as follows:  This is a stated above, at 4,300m, The GAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF	(Duration) 3 yrs. mos. ds.  Contributory Multiple (Secondary)  (Deration) 3 yrs. mos. ds.
TAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds.
(Informant)  (Address)	Where was disease contracted, It not at place of death?  Former or  usual residence. Class of Dirice on Countery  19 place or BURIAL OF REPORT  DATE OF BURIAL  20 UNDERTAIN  ADDRESS  Liberton Counter  Address
more blanks are needed, address State Registrate	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulapplies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-





PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Ballun PHYSICIANS should of OCCUPATION IS Registration Dist. No. 114 Tif death occurred in ----Ward) a hospital or Institution, give its NAME Instead of street and number. ] no Minaro PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word) (Day (Year) (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 10.45/m. t day .....hrs. OR ..... min. ? Vestercus 8 OCCUPATION ! (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary instria 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where was disease contracted. If not at place of death?-Former or Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS ė REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, causing death, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercubrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cere-CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

SCABOLINE DILLE



V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 DI ACE OF DEATH

STATE OF MADVIAND

Village or City Hughland May No. 607	CERTIFICATE OF DEATH  Registration Dist. No.  St.: Ward)  St.: Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White the work	16 DATE OF DEATH SEAL. 9, 1914 (Month) (Day (Year)
Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Seph. 7. 1914, to Seph. 9. 1914, that I leat saw h 24 alive on Seph. 9. 1914
7 AGE  If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 2.30 Qm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory El Laux Live
10 NAME OF FATHER Arry. Lavs. My tehells  11 BIRTHPLACE OF FATHER (State or country) Balts. In T.  12 MAIDEN NAME OF MOTHER AS MARKET ARREST	(Signed) JTS mos ds.  (Signed) JSI (Address) JO - JSI A D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT REAIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) 6 7 S. 15 5 Sh.  Filed Off. 11, 191 U. M. Claurafeau REGISTRARY  If more blanks are needed address State Regis	19 PLACE OF BURIAL OR REMOVAL  Log Rederning Soft 11, 191 4  20 UNDERTAKER QUE Zeile 403 & Worfe

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neebeen changed or given up on account of the disease statement. Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: IENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. \_ State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cantctanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 7 1914

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK-THIS IS Am of information should be carefully supplied. AGE should be

RECORD

PERMANENT

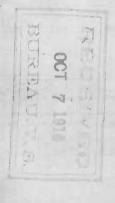
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. TION It death occurred to a hospital or institution. give its NAME instead ax cellen Moelter of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH MARRIED. WIDOWED. (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 4. 1 day .....hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN- NAME instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE 2 At place OF MOTHER (State or country) State ... Yrs. .... ... mos. .. \_ ds. DEATH Where was disease contracted. 14 THE ABOVE IS If not at place of death? OF (Interment). usual residence Important. CAUSE DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," the second

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvulur heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhaustion,"



No. 1.

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N. B.

PHYSICIANS should state of OCCUPATION is very RECORD of Information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS AGE on back of certificate. PLAINLY, WITH See Instructions CAUSE OF I Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

6.	Registration Dist. No. Z.
Village or City Would fore (No.	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME WARALLES NO.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Markel	16 DATE OF DEATH SAL 75, 1914 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on 191
(Month) (Day) (Year)  AGE   If LESS that	- 0
t day,hrs	
8 OCCUPATION	Weart nistantancous, following
(a) Trade, profession, or muster of the Gospel	the Effort of taking a short walk!
(b) General nature of industry, business, or establishment in	grow rear fully Er
which employed (or employer)	(Duration) yrsmosds.
State or country)	Gontributory(Secondary)
10 NAME OF SAULES MUNAY.	(Signed) Allefande VIV, Wetchelf, M. D.
Z (State or country)	BEST 29, 1914 (Address) Mountou, Tude
State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  14 MAIDEN  15 MAIDEN  16 MAIDEN  17 MAIDEN  18 MAI	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Slina Martall,	If not at place of death?
Address) Mouston Mode	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Audiess)	Laurel Cemetery Parts Med Carley 1914
FILE STATE SON	20 UNDERTAKER ADDRESS,
REGISTRAN	Trong natural. Thouse Mide
M more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S No 1

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscias

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 "Exhaustion," Never report Examples:



9 NK UNFADING supplie Information

SICIANS should PHYSICIANS RECORD PERMANENT statemen classified. properly pe may certificate. that 0 back terms, uo plain Instructions 5 DEATH 0 OF mportant. ы Every

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m z Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registered No. St :----Ward) a hospital or institution. give its NAME lostead of street and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE SEX MARRIED. WIDOWED, (Month) (Day) ORDIVORCED Write the word) HEREBY CERTIFY. That I attended deceased from S DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. Business, or establishment in (Duration) which amployed (or employer) -----State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. .... mos. ... State ...... yrs, \_\_\_\_ mos. ..... Where was disease contracted. If not at place of death?-Former or usual residence

OF BURIAL OR REMOVAL

DATE OF BURIAL

fit death occurred in

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipa

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "PUREPERAL sepsis, tctanus) such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligample: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (name origin; "Can-Never report septichae-



No. 1. 02

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#### PERMANENT stated EXACTLY. 4 should be AGE

should state PHYSICIANS Shoul properly classified. Exact statement of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s. Important,

WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) ingle	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	Sept 2 , 1914, to Sept 4 , 1914,	
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,hrs. 0 ORmin.?	and that death occurred on the date stated above, at	
(a) Trade, profession, or particular kind of work.		
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.	
9 BIRTHPLACE (State or country) Mary land.	Gontributory Secondary	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) 12 C Martin yrs mos ds.  (Signed) 12 C Martin yrs mos ds.  (Signed) 14 (Address) Stagman for mos ds.	
U 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, Or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) Do not know.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos, ds. State yrs, mos, ds	
(informant) It Time to the BEST OF MY KNOWLEDGE.	Where wes disease contracted, If not at place of death?  Former or usual residence.	
(Address) / Dalto Mod	Holy Crass Date of BURIAL	
Filed Sup 4 4, 191 4 Ground REGISTRAR	M Surveyer goin Month	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. who have no occupation whatever, write None, been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (6)

pneumonla"); Lobur pneumona, ("Pneumonla," unquallfied, is indefinite): Tuberes. icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonla"); Lobar pneumonia; Bronchopneumonia "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Tuphoid fever (never report "Typhoid Examples: Cerebrospingl.

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the genital," "Senilc," etc.), Bronchopncumonia (secondary), 10 ds. Never report The contributory Measles (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon," State cause for

V. S. No. 1.

Village or City Torandour (No. )	Registered No.
FULL NAME Ida Shichola	Common Control of the Control of t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 CORDROP RACE 5 SINGLE, MARRIED, WIDOWED, DRDIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BIRTH  17  4  (Month)  (Day)  (Year)	that I last saw here alive on 1914.
AGE  2 4 yrs 2 mos 3 ds OR min.?	and that death occurred on the date stated above at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsf mos. ds.
BIRTHPLACE (State or country) Bultingag 6-	Gontributory (Secondary) (Ouration) / prs mos. ds.
10 NAME OF FATHER SEAT MACHINE	(Stened), 19 9 (Address) 2424 6 at 23 d
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER! OF MOTHER!	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Many and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTRUCTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant)	If not at place of death?  Former or usual residence
6 Filed (1) 1914 Clave Source REGISTRAR	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 DATE OF BURIAL  10 DATE OF BURIAL  10 DATE OF BURIAL  10 DATE OF BURIAL  10 DA

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., mia," "Puerpenal peritonitis," etc. etc., when a definite disease can be ascertained as the "Contributory." sepsis, tetanus) dent; Revolver wound of head—homicide; Potsoned by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from nus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can State cause for



F. S. No.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH 8727	STATE OF MARYLAND
m 01.	CERTIFICATE OF DEATH
County Julium	Registration Diet No. 35
6.11,	Registration Dist. No.
Village or City Jut Itage (No.	St.; Ward) [It death occurred in a hospital or lostitution,
1 29.	give its NAME lostead
Junio 12 Mi	elivisus of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 STREET,	16 DATE OF DEATH JOINT 101 X
Lemale 1st to moones, while	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
AGE If LESS than	and that death occurred on the date stated above, at
(1) 0 7. 1 day,hrs.	The CAUSE OF DEATH #) was as follows:
	Value of many
BOCCUPATION (a) Frade, profession, or	and allered enquest
particular klod of work	unicelson / A
(b) General nature of industry,	Anicida La Hangurg Clo
business, or establishment in which employed (or employer)	Succeeding (Duration) yrs mos, ds.
BIRTHPLACE (State or country)	(Secondary)
Country Cumperland Med	(Duration) yrs mos ds.
10 NAME OF SIMU III OK	1 Sy Cosoner
Williams	
11 BIRTHPLACE	, 19X (Address) Lillurgu
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a lake Gulds	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Cumbril and Mid	At place In the
	of deathyrs mos ds. State yrs mos ds. Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Informant) Cervis of My 14010	Former or usual residence
ut Holse	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Cumulus land Mid Selet 25th 1914
(11.5 Day 6 D	20 UNDERTAKER, ADDRESS
Filed 241. 2.5, 1914 Mar. J. & www.	20 11/1 (1) The

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brenchopneumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; (name origin; "Can-"Exhaustion," Examples: For VIO-



6

Instructions

mportant.

15

OF MOTHER MUC

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE AS TRUE TO

Very

MY KNOWLEDGE

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

of death yrs mos	ds.	State	yrs,	mos.
Where was disease contracted, if not at place of death?				

Former or usuai residence.

20 UNDERTAKER

PEACE OF BU	HIAL OH HEMOV	А
0.1	1111	
HOMOS	MARKE	1
()00000	Mill	-

DATE OF BURIAL

fif death occurred in

(Year)

a hospital or institution. give its NAME lostead of street and number.]

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is neeness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease eau be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or misearriage as "Puerperal septichac-The contributory Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (seeondary or intercurrent) State cause for Never report 0



	PLACE OF DEATH 8729	STATE OF M CERTIFICATE
60	unty /vacco	Registration
VIII	lage or City Colousuellino.	St.;Wa
	FULL NAME autonie	Niemann
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
3 SI	temale dulle proposed (Write the word)	16 DATE OF DEATH Seff (Month)
8 D	ATE OF BIRTH  Zeb 11 1431	I HEREBY CERTIFY, T
7 A 6	(Month) (Day (Year)	and that death occurred on the date si
	yrs 7 mos 6 ds. 1 day,hrs.	The CAUSE OF DEATH* was as follow
(a)	CCUPATION Trade, profession, or rticular kind of work	Chronic,
bus	General nature of Industry, siness, or establishmenf in ich employed (or employer)	(Duration
	(State or country) Germany	Contributory Perlinary Secondary
	10 NAME OF Slerke	(Signed) Ly SI
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Services	*State the DISEASE CAUSING DEATH
PARI	12 MAIDEN NAME Sufficeer	CAUSES, STATE (1) MEANS OF INJUR- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPI
	13 BIRTHPLACE OF MOTHER (State or country)  Revuery	OR RECENT RESIDENTS) At place in ot death yrs mos ds. S
14 7	(Informant) Control The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
16	(Address). Catauxuelbile	Toplace of Burial or REMOVAL
	1ed Seft 19 1914 marshall Bloost	20 UNDERTAKER

#### STATE OF MARYLAND OF DEATH

Registration	Dist.	No. 30
St.;Ward)		[If death occurred le a hospital or institution give its NAME instead

ot street and number. ] OF DEATH (Day at I attended deceased from or, in deaths from VIOLENT and (2) whether ACCIDEN-ALS, INSTITUTIONS, TRANSIENTS,

DATE OF BURIAL

ADDRESS

de Minicipo o mo Co

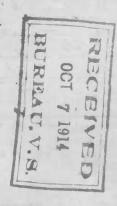
if more blanks are needed, address State Registrar, 6 H/Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Caumus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIOMNS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

	PLACE OF DEATH 8730	STATE OF MARYLAND	
6	ounty Balto	CERTIFICATE OF DEATH	
, 60	, l	Registration Dist. No. 42	
٧	iliage or City Westfrort (No. 233)  FULL NAME John R.	Norris St.; Ward)  [It death occurre a hospital or institution give its NAME los et street and number	itioo,
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	ATE OF BIRTH  4 COLOR OR RACE  SINGLE, MARRIED, PLANCES ORDIVORCED ORDIVORCED (Write the word)  28 185	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Yéar)  17. I HEREBY CERTIFY, That I attended deceased from the second	om
7 A C	Month) (Day) (Year)    If LESS than   day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 6 p.  The CAUSE OF DEATH* was as follows:	.m,
(a) par (b) busi which	GCUPATION Trade, profession, er  floats  General nature of Industry, ness, or establishment in ch employed (or employer)  RTHPLACE tate or country)  New Jersey	Dulmaray Libertectorics  (Duration) / yrs. 3 mos. —  Contributory / le auste aus (Secondary)  (Duration) - yrs. mos. >	.ds.
PARENTS	10 NAME OF FATHER Cellen horris  11 BIRTHPLACE (State or country) here Jersey  12 MAIDEN NAME OF MOTHER CAUNTAL PRINCE	(Signed) (Si	N-
14 <sub>T</sub>	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment) UNIVERSE Interment	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR REGENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. Where was disease contracted, If not at place of death? Former or	ds.
15 File	(Address) loesleert- ma	19 PLACE OF BURIAL OR REMOVAL  Millville, how knaey  20 UNDERTAKER  LOOI  F. G. E. Franklin St. Balto, Requesting V. S. No. 1	
	The state of the s	, o m. Franking St., Daito., Requesting V. S. No. I.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maraa-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in St.: Village or City Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Year) (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a t day,....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE If not at place of death? usual residence BURIAL OF REMOVAL OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day, laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pheumonia"); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Semile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should str E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCDEATION is vertant. See instructions on back of certificate.	Co	unty
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1 PLACE OF DEATH Particles & senter St inty Chiltern one 8732

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

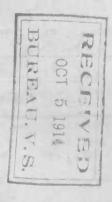
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDDWEO, ORDIVORCED (Write the word)	16
DATE OF BIRTH 2 \$ , 1914	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. 0 R min.?	that I last ssw h alive on
BOCCUPATION (a) Trade, profession, or particular kind of work	Hooping Cough
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 4 mos ds.
State or country) University Justimit	Contributory Ryhanston Secondary (Doration) yrs mos ds.
on 11 RIPTHELASE	(Signed) 75 Hall , M. D. 9-15 1914 (Address) 24 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
OF FATHER (State or country) Bult, Country	State the Dise se Causife He TH, ir, in settle from Violent Capter state (1) Means of Andrey; hul (1) the parade one;
13 BIRTHPLACE OF MOTHER (State or country) Mot -	At place of death yrs
(Informant) & Coliver	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Paciar Senter It.  Filed Sefet, 16, 1914 F. 74 Ruhl.	19 PLACE OF BURIAL OR REMOVAL  At Suburn Center April 1914 20 UNDERTAKER  ADDRESS
REGISTRAR  If more blanks are needed address State Port	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, ctc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," -Coal (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospional meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

uant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligdent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS-state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



PLACE OF DEATH 8733	STATE OF MARYLAND		
County Dalto	CERTIFICATE OF DEATH Registration Dist. No.		
Village or City Moneel louk (No. 2)  2 FULL NAME Ster forsuph.	St.; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and oumber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male Mule (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  (I HEREBY CERTIFY, I hat I attended deceased from		
DATE OF BIRTH (Month) (Day) (Year)	that last saw h w alive on Sept 24, 191 4		
7 AGE   11 LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at 12 3 Pm, The CAUSE OF DEATH* was as follows:		
e occupation  (a) Trade, profession, or particular kind of work. Scannard  (b) General nature of industry, business, or establishment in which employed (or employer)	Sught disease (Ouration) / yrsmosds.		
9 BIRTHPLACE (State or country) Blown	(Secondary) (Deration) / yrs mos c. ds.		
11 BIRTHPLACE (State or country) Pont Justiv  12 MAIDEN NAME OF MOTHER GOATS BARMAN	(Signed)  Sept 24, 191 (Address) Make Flory War CAUSES, State the DISEASE CAUSING DEATH, Or, In deaths from Violent CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.		
OF MOTHER BOND Brown  13 BIRTHPLACE OF MOTHER (State or country) Fout Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds.		
(Informant) Sunday O Change	Where was disease contracted, If not at place of death? Former or usual residence.		
(Address) Spring St Morrill pacy)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed Sept 1914 Thuck	20 UNDERTAKER ADDRESS  WW GOODL. 6028 MONTH.		
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative ...ealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease carsing death—Name, first, the disease carsing death—Name, first, the disease carset to tipe and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

childbirth or miscarriage. as "Purprenal scptichaccause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g. by carbolic acid-probably suicide. dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can The nature of the "Exhaustion, Never report Examples: For vio-



	PLACE OF DEATH 8734	STATE OF MARY	
County	Dallinon	CERTIFICATE OF DEATH	
	11 2 11	Registration Dist.	No.
Village	or ety Jufflandly (No. 200,	St.; Ward)	[If death occurred is a hospital or institution,
	FULL NAME Leicellian Elych	the COTT,	give Its NAME Instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH  (Month)	(Day (Year)
1.00	nale 17/11/11 ORDINGREED (Writ the word)	17   HERESY CERTIFY, That a	-
6 DATE	MAU - a12.	2/2/6.1/6.19134 to Daff	17 , 1914.
	(Month) (Day (Year)	that I last saw h Ralive on Dafot	17 ,191 4
7 AGE	If LESS than	and that death occurred on the date stated at	ove, at // P m
	yrs mos ds, or min.?	The CAUSE OF DEATH* was as follows:	
80000			<u>,                                     </u>
(a) Trade	o, profession, or r kind of work	Gedenler Deal	al_
(b) Gene	ral nature of industry,		-41
	or establishment in ployed (or employer)	(Duration)	yrs mos /2ds.
9 BIRTH		Contributory & The Els	1
	1 Day to ma	(Ouration)	yrs mos // /2 ds.
10	NAME OF FATHER CONS Off.	(Signed) Chyfreld	, н. в.
S 11	BIRTHPLACE	12/3-, 2/1914 (Address) 148 S	Trolland
ARENTS 11	OF FATHER (State or country)  MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from Violent (2) whether Acciden-
PA	OF MOTHER Elizabeth Solationty	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	
13	BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State	yrs, ds
14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(infor	mant) Torus Och	Former or usual residence	
	(Address) 300 S, 5th as-	10	DATE OF BURIAL
16	Q1, 11,0 9110 Q1 1	Marward, Comstany	Ja/120, 191 4
Filed	eff. 19,18 U.E. Mil Clauslin	20 UNDERTAKER	DORESS
	If more blanks are model address State Park	y May Landy,	ssrelle/Jally
	are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. N	0. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), Meastes (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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#### SICIANS should occupaTION is PHYSICIANS RECORD PERMANENT clas UNFADING ā OF

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S ZINGLE, MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH Month) (Day TAGE If LESS than and that death occurred on the dats atated above, at, t day,.....hrs. The CAUSE OF DEATH\* was as follows: OKAMINA? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which amployed (or employer) ------Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE baci OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 00 12 MAIDEN NAME OF MOTHER lons 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) ATH In I 13 BIRTHPLACE At place OF MOTHER (State or country of death . \_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_ Where was disease contracted. If not at place of death? Former or Every Item CAUSE OF Important. usual residence REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Salesman, (b)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECENSO OCT 7 1914 BUREAU V.S.

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A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED FOR MARGIN

V. S. No. 1.

Gounty Baltimore ST36	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in
Village or City Valle (No. , - , - )	St.; Ward)  a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married White Brate of BIRTH	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from Sept. 17th, 1914.
7 AGE (Month) (Day (Year)  1 day,	that I last saw h was alive on Sept. 7th, 1914, and that death occurred on the date stated above, at 7 m. The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Denile Arterio de le roseo  (Duration y eral yrs. mos. de
9 BIRTHPLACE (State or country) Spring Township, Penn.  10 NAME OF FATHER Robert Patterson  11 BIRTHPLACE OF FATHER (State or country) Pennsylvania  2 MAIDEN NAME OF MOTHER Eliza Little	(Signed) (Duration) yrs mos / 9 de (Signed) (Signed) (Address) (Ad
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Meadwille  (Address)  15	OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, if not at place of death? Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND SEARCH 19 1914.
Filed Left.   S. 191 + F.   Cult.   REGISTRAR    If more blanks are needed, address State Regis	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  Calteriore  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At sehool or At home. Care dutles of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carein-

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RECORD PERMANENT cla INK UNFADING 9 plai 드

PHYSICIANS Should of OCCUPATION IS 50 back Instructions DEATH Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. 191 WIDOWEO. (Month) (Day (Year) ORDIVORCEO I HEREBY CERTIFY, That I attended degessed from (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ...... Contributory 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) J.M.M. OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State ..... yrs, \_\_\_\_ mos, \_ Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15 ADDRESS REGISTRAR

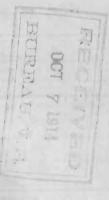
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not dnties of the honsehold only (not paid Housekcepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. CAUSING DEATH, state occupation at beginning of illbeen changed or given np on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age (a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be snflicient, e. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," g., Farmer or Planter, As examples: "Foreman," (0)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County .... Registration Dist. No. [if death occurred in St.:....Ward) a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from Timeretigales DATE OF BIRTH the charge and 191. (Month) (Day (Year) TAGE If LESS than 1 day, .....hrs. .... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER S 11 BIRTHPLACE ... 191 .... (Address) ARENT OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ..... yrs. .... mos. .... State ..... yrs. \_ Where was disease contracted. THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL VUUUUUUU 15 Laure 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every item of information should be carefully supplied. AGE should be stated EXAGTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
A M	WRITE PLAINLY	em of information short DEATH in plain
No. 1.		Every It CAUSE

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... fif death occurred in an a hospital or institution. give its NAME Instead of street and number.] DICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SO 5 SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED, WILLSEN (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h..... alive on ..... (Year) (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR ..... mln. ? 6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or couptry) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Aderess) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted. If not at place of death?usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E/Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return - "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Ohronia ter" is less definite; avoid use of "Tumor" for malk oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples: For VIO-



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH STATE OF MADVI AND

Bolty	CERTIFICATE OF DEATH
Village or City Gardenvelle (No. Belain	Registration Dist, No.  [If death occurred is a hospital or institution, give its NAME Instead
FULL NAME Wayfuld	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE SINGLE, MARRIED, Married Wildowson, Wildowson, OR	16 DATE OF DEATH  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from  191 , to , 191 ,
(Month) (Day (Year)  7 AGE II LESS than 1 day, hrs.  8 OCCUPATION	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  22 Maiden Name OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or
(Informant)  (Address) - Landeworlle  5 Filed Sefisse, 1914 Mr Clay or REGISTRAR	19 PLACE OF BURIAL OR REMOVAL LETTO ALECT CELL DATE OF BURIAL 20 UNDERTAKER ADDRESS LOOS OF CILCUMS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, perilonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Mcastes; Whooping cough; Chronio cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Contributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; The nature of the Never report For VIO-



state

#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. If death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 BINGLE, Married 18 DATE OF DEATH 4 COLOR OR RACE 3 SEX (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH that I last saw h...... alive on ..... (Year) (Dav) (Month) If LESS than and that death occurred on the date stated above, at 4.5 Uam 7 AGE 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory..... BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF (Signed) // Lluam FATHER 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT N N CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER (State or country) State ...... yrs. \_\_\_\_ mos. \_\_ of death ..... yrs. .... mos. .... ds. Where was disease contracted. If not at place of death?.... Former or usual residence. PLACE OF BURIAN OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESE

of more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the Disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (E)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. chlidbirth or miscarriage, as "Purrperal scottchaeetc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malls-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for For YIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH No.

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D.

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/	PLACE OF DEATH	STATE OF MARYLAND
/ -	Balto.	CERTIFICATE OF DEATH
Co	unty Schaco.	Registration Dist. No. 38
Vii	lage or City Sovare (No Rogers)	Lane north of st.; Ward) a hospital or institution,
	FULL NAME Charles H.	Reed.  give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH PORT INTE
n	Cale White wind wind wind wind wind word of the word o	(Month) (Day (Year)  17) I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH Fol 14 883	Jule 13, 1914 to Deft 14 , 1914
	(Month) (Day (Year)	that I last saw had alive on Deff 13 191
7 A	0 . 1 -	and that death occurred on the date stated above, at 8 Aun
3	3/ yrsds.   1 day,hrs.   ORmin. ?	The CAUSE OF DEATH* was as follows:
(a	OCCUPATION  1) Trade, profession, or Plerk	acute beling.
(b) bus	) General nature of Industry, slaess, or establishment in olich employed (or employer)	(Duration) yrs. 3. mos. — ds
	IRTHPLACE (State or country) Marshard	Gontributory Os
	10 NAME OF FATHER WM AM REED	(Signed) (Duration) yrs mos ds
TS	11 BIRTHPLACE OF FATHER	4/4/ X-191 (Address) 20:7 3:12
ARENTS	(State or country) Maryland  12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL,
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place  In the
14 ,	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant) What to think to bester	if not at place of death?  Former or  usual residence
16	(Address) Govaces my	199 LACE OF BURIAL OR REMOVAL DATE OF BURIAL
	led left 17, 191/4 Caro Sources	20 UN DERTAKER ADDRESS
	REGISTRAR	MANO Course of Will Royal
	If more manks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAULV.S

V. S. No. 1.

N. B.

Cod	1 PLACE OF DEATH 8743 (1) Inty Balto	STATE OF MARYLAND CERTIFICATE OF DEATH	
VIII	2FULL NAME fames & and	Posttusous St.; Ward)  [If death occurre a hospital or institution of street and number of st	ution. stead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
n 3 SE	** COLOR OR RACE   5 SINGLE, MARRIEO, MANUEL  WHO WHO WED, OR OLYOPOCEO (Write the word)	Month) (Day (Yer	
Social per (b) busi	(Month) (Day (Year)  (Month) (Day (Year)  If LESS than 1 deyhrs.  ORmin.?  CCUPATION / Trada, profession, or liculer kind of work.  General nature of industry, ness, or establishment in the employed (or employer)	that I last saw hallve on	m,
9 BI	11 BIRTHPLAGE QUIVA	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Address)  (Address)	ds. M. D.
PAREN	OF FATHER (State or country) Uniknown  12 MAIDEN NAME OF MOTHER UNIKNOWN  13 BIRTHPLACE UNIX UNIKNOWN  OF MOTHER UNIX UNIKNOWN	*State the DISEASE CAUSING DEATH, OF, In deaths from VIO CAUSES, state (1) MEANS OF INJURY; and (2) whether Accided, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS) At piece In the of death yrs, mos. ds. State yrs, mos.	
14 T	oformant) July Samborski  (Address) 609 S. Pat B.	Where was diseasa confracted, It not at place of death?  Former or usual rasidance Common to Gog S. Fort 19  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	2
16 File	Sept. 4 191 4 USE. McClausless  Registration  If more blanks and needed, address State Regist	20 UNDERTAKER MILLEM 233 4 LANGES	14

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomptive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanits) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause. mus," "Old Agc," "Shoek," "Uraemia," "Weakness," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1840 (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 3-30 2.m. 1 day ..... hrs. was as lollows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER Address) Local my 11 BIRTHPLACE ENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Regis trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer--('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerpreaal septichaeinus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the bead injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of ... Bronchopucumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 da.; "Senile." etc.), (Recommendations on statement of or HOMICIDAL, or as probably "Dropsy," "Exhaustion," \_\_ (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St .: .... Ward)

Ili death occurred in a hospital or lostitution. give its NAME Instead

of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. Write the wordk I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEADY, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. ... State Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of death? usual residence PLACE OF BUILDY REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Taberentesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally scpsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Branchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Lightandlown, 34/2, County Drun John	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [If death accurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)  3 SEX  4 COLOR OR RAGE  MARRIED,  MIDOWED,  MIDOWED,	16 DATE OF DEATH  (Month) (Day (Year)  17 HEREBY CERTIFY, That lattended deceased from
May 2 f. Lh , 1887	that I last saw h 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE 27 yrs 4 mos ds OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, of rack worlden	Thinks Tillunc
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Lethaus hours Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS)  Al place In the ot death yrs, mos, ds  Where was disease contracted, If not at place of death?
(Interment) Felta & enroder  (Address 3412 Leverton ave	Former or usual residence
Filed Uff. 19, 1911, E. M. Caualian REGISTRARY,	Volum a Moran a and
If more blanks are needed, address State Regist	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. Never return "Laborer," should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Mcastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonilis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of



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1 PLACE OF DEATH

County Baltimore	CERTIFICATE OF DEATH
Village or City St. agrees 34(No.)	Registration Dist. No. [If death occurred in a hospital or iostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIRE WITHOUGH.	MEDICAL GERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day (Year)
DATE OF BIRTH  April 24,	17 I HEREBY CERTIFY, That I attended deceased fro
1 1 1	SS than and that death occurred on the date stated above, at
particular kind of work	Contributory Maluntufisic Secondary  (Duration) yrs mos
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Manufama	(Signed) Rosbert & Chitech Soft 27 , 1914 (Address) Stague Dospital
Z (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 Country  14 Country  15 Country  16 Country  17 Country  18 Country	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accided TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTA) At place In the of death
(Interment) Mr. John Schwartz  (Address) Maryll Park Balto.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	fin the second

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know  $(a)^{-1}$  the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on: Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned accidental, suicinal, or Homicinal, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement; of (secoudary or intercurrent) State cause for Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Teath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item o CAUSE OF D Important. Se

V. S. No. 1.

Boltimore
or City Rossville



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

94 . 987 es	[It death occur		
5t.;Ward)	a hospital or ins	ti	

red in

2FULL NAME Jerome Heury	Johne Seifert St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORSED (Write the word)	16 DATE OF DEATH 9 6 , 1914 (Year)
Jau. 25, 19	17 I HEREBY GERTIFY, That I attended deceased from  14 1914, to 1914,  that I last sow him alive on 14 14 1914
7 AGE   If LES: t day,	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trada, profession, or particular kind of work	acute Sacho- Enteretie
(b) General nature of Industry, business, or establishment la which employed (or amployer)	(Duration) yrs mos /3 ds.
9 BIRTHPLACE (State or country) Ind	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER John Seiferh  11 BIRTHPUACE OF FATHER OF COUNTY)	(Signed) MM F. Clayton Too & trickering, M. D. 9-6-, 1914 (Address) Cresie Trisping.
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF A POSS ACCOUNTY	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  State	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds
(Informant) The Slife of MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or Usual residence.
(Address) Coshillo R. F.S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SLAT & 1914
Filed Sept 7, 1914 Tyle (flory & REGISTA	20 ON DERTAKER
If more blanks are needed, address State	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED 001 6 1914 BUREAU, V.S.

Village or City Mother (No. , ) Ward)  Registration Dist. No. 22  [It death occurre a hospital or institution of the control o
2FULL NAME John J. Shanale and number
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, Married Wilder the word)  16 DATE OF DEATH Left 22111, 19  (Month) (Day (Yes)  (Month) (Day (Yes)  17 I HEREBY CERTIFY, That I attended deceased
Mol 19 , 1860 that I last saw have alive on Left 22 , 19
7 AGE    It LESS than   and that death occurred on the date stated above, at   2.36     The CAUSE OF DEATH * was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (Duration) / yrs. 4 mos.
9 BIRTHPLACE (State or country)  (State or country)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER John Shandan (Signed) Frank J. Flannery  Sept 22", 1914 (Address) het Hoter Retria
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Wary Burke  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
OF RECENT RESIDENTS)  At place OF MOTHER (State or country)  OR RECENT RESIDENTS)  At place Of Mother Of M
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Record NA Hope Reference  (Information NA Hope
(Address). White the second of Burial of Support of Burial of Buri

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal couditions, such as "Asetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haduorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was nudertakeu. mia," "PUERPERAL peritonitis," affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Revolver wound of head-homicide; Poisoned tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) etc. death), State cause for "Exhaustion," Never report For vio-



N.B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Dallimon 1	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City James Share Sh	St.; Ward)  [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ante Single, Married, Widowed, Wrote the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	Ital an magnes on the 191 holy of decease Super 3 ra 1914 that Hast saw hallvoor 191
TAGE  ASSUM 45 ASSUMENTS.  YES MOS.  OR.  MIN.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	Merque Growing
business, or establishment in Mell which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER WILLIAM	(Signed) (Si
2 U State or country) Unknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Uniferior	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) MARNOW	At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, It not at place of death?  Former or usual residence
Filed Styl 3, 1914 J. Novemick M. D. Fregistran	DATE OF BURIAL OR REMOVAL  St Stanislaus Peru Sep. 3d, 1914.  20 UNDERTAKER  Comustions Denny G. Balts

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from cte., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State eause for



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properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be ji important. See instructions on back of certilicate. PLACE OF DEATH, 8751

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Mumbal	Paristration Diet No. (30
Willadell	lit death occurred in
Village or City/ 1/1000009 (No.	St.; Ward) a hospital or institution, give its NAME instead
801 111	of street and number.]
FULL NAME Glenovel	Jummons)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE MARRIED MIDWED, ORDIVORCED (Write the word)	The date of Death (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Kionth) (Day (Year)	that I last aaw har alive on Subt 19 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
9 / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
s occupation	Slightherie
(a) Trade, profession, or	
particular kind of work.  (b) General nature of industry,	····
business, or establishment in 7/0/10	(Duration) yrs mos 3 ds.
which employed (or employer)	Contributory Cliphtheria
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF DILLS O	(Duration) yrs mos 3.ds.
FATHER Steet themmons	(Signed) , M. D.
S IS BIRTHPLACE OF FATHER MAN A DO O	1581 (Address) X LUSO (L) MA
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	
a Vergy N NOCH	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
THE ABOVE IS THE BEST OF MY NOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
(Address) Accessor and Male Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	mount Clevet En Sept 15, 1914
Filed Seft, 14, 1914 marshall 18 Wast	20 UNDERTAKER ADDRESS 502,
REGISTRAR	William Gook & Mathan
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Forcman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the misease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF US probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head (Recommendations on statement of (discase causing death), 29 "Dropsy," "Puerperal septichae "Exhaustion,"



### BINDING 0 FIS

PERMANENT

THIS UNFADING Information

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1 PLACE OF DEATH County. PHYSICIANS should of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, 2 (Month) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary = that 10 NAME OF FATHER (Signed) 05 of back S BIRTHPLACE 1914. (Address) terms, OF FATHER (State or country Z Ш PARI 12 MAIDEN NAME piain Instructions OF MOTHER OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER of Inform DEATH See Instr (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. .... \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? OF Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 40

...Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number. I

MEDICAL CERTIFICATE OF DEATH (Year) I HEREBY CERTIFY. That I attended deceased from . 19kd to Was and that death occurred on the date stated above, at. (Duration) ZZZ Yrs Z mos. Z ds. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ..... yrs, ... DATE OF BURIAL ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. less of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED FOR 7. B. No. 1.

PLACE OF DEATH 8753	STATE OF MARYLAND CERTIFICATE OF DEATH
County & Valumod	Registration Dist. No. 35
Village or Olly Bentley Sprong & /	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Drade White the word made	(Month) (Day) (Year)
6 DATE OF BIRTH  July (Month) (Day) (Year)	that I last saw h www allve on Classes Ab., 1914.
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
SOCCUPATION  (a) Frade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(buration) yrs 4 mos ds.
9 BIRTHPLACE (State or country) Ballimore Co.	(Secondary)  (Baration)  (Baration)  (Baration)  (Baration)  (Baration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  OF MOTHER	(Signed) , M. D.  (Address) State the DISMASS CAUSING DEATH, or, in deaths from VALENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ballimari CI.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
(Informant) A lest Simpson	If not at place ot death?————————————————————————————————————
(Address) Bentley Per	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 V Filod, 191	P. Marblines down Twhite Hall Fred
If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



C	PLACE OF DEATH 8754 OUNTY Baltimize	STATE OF MARYLAND CERTIFICATE OF DEATH
V	FULL NAME allen M	Registered No.  [If death occurre a hospital or Institute give its NAME instead of street and number
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ex  4 COLOR OR RACE  6 SINGLE, MARRIED, WIDOWEO, WIDOWEO, OR DIVORCED (Write the word) Surgle  ATE OF BIRTH  (Monyth) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, 191, 191, 191, 191, 191, 191, 191
7 A	ge If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 C., The CAUSE OF BEATH* was as follows:
pai (b) busi whi	Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in chemployed (or employer)  RTHPLACE tate or country)  Balliming	Contributory Marganes (Secondary)
ARENTS	11 BIRTHPLACE OF FAYHER (State of country)  12 MAIDEN NAME OF MOTHER	(Signed) (Diration) (Signed) (
14 <sub>T</sub>	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Intormant)	At place In the ot death yrs, mos, ds. State yrs, mos, difference of the ot at place of death of the other was disease contracted, if not at place of death?
16 File	(Address) While field MA  and Alph-15, 1914 Il Millard Striking  101/2, REGISTAR	19 PLACE OF BURIAL OR REMOVAL  Person Removal  20 UNDERTAKER  ADDRESS

MARGIN RESERVED FOR BINDING

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal niaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (g)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory," scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can death), 29 da.; State cause for Examples:



BINDIN ESERVED MARGIN RECORD

PERMANENT

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No ... PHYSICIANS Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE EXACTLY. 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWEOL ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. pe (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? properly AGE SOCCUPATION (a) Trade, profession, or particular kind of work be (b) General nature of industry. business, or establishment in may which employed (or employer) ------BIRTHPLACE Contributory certificat Secondary (State or country) that 10 NAME OF (Signed) 80 10 ARENTS terms, 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 00 12 MAIDEN NAME plain Instructions OF MOTHE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the MOTHER EATH (State or countr of death \_\_ ... yrs. .. mos. ... State \_\_\_\_ yrs. 14 THE Where was disease contracted. If not at place of death? Former or 140 usual residence Important. DATE OF BURIAL CAUSE 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should he taken to report specifically the occupations who receive a definite salary), may be entered as CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can he known. The question heen changed or given up on account of the disease material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

W. Duren

ture of the American Medical Association.) scpsis, tctanus)
"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viogenital," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can-Always qualify all diseases resulting from "Senile," etc.), may he stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

007 5 1914

BUREAU, Y. S.

S. No. 1.

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RECORD PERMANENT properly classified. 4 WRITE PLAINLY, WITH UNFADING INK-THIS AGE may be p

PHYSICIANS should state of OCCUPATION IS VERY stated EXACTLY. I certificate. See instructions on back of DEATH in plain of Information CAUSE OF Important.

1 PLACE OF DEATH County Baltimore

County Baltimore

(No.

8756

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Mary C	lawaise
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, wildows, or of the word	16 DATE OF DEATH 9 30 ,1914 (Month) (Day (Year)
6 DATE OF BIRTH  Snay  15 1913	Cuy - 26, 1914, to Sept 30, 1914
7 AGE (Year)  7 AGE (Year)  1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 6. G. m  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	(Buration) yrs. mos. 4 ds
which employed (or employer)  **BIRTHPLACE (State or country)  10 NAME OF FATHER Seo. Sprawassan  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Buration)  (Signed)  (Signed)  (Signed)  (Address)  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Signed)  (Signed)  (Address)  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Signed)  (Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Mollie Mc / Leuney	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE WEST OF MY KNOWLEDGE (Informath)  (Informath)  (Informath)  (Informath)  (Informath)  (Informath)  (Informath)  (Informath)	At place in the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or osual residence.
(Address) 4 M. D. Porter	19 PACE OF BURIAL OR REMOVAL BATE OF BURIAL  OUT 191 / ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nee-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first-line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Treeise statement of occupa-If retired from business, that fact may be indl-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerreral septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Scuile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Couvulsions," "Debillty" ("Conample: by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For vio-



PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH CAU

PHYSICIANS should state	of OCCUPATION IS yery
AGE should be stated EXACTLY.	properly classified. Exact statement
y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yeary ortant. See instructions on back of certificate.
y fte	SE.

PARI

15

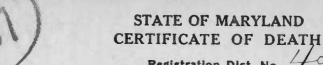
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12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

TRUE TO THE BEST OF

1 PLACE OF DEATH Baltimore



Village or Gi	ty St. agri	o Hogh	stal, Stein	bach	Registration Dist.	[If death occurred is a hospital or lostitution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
3 SEX Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDWED, ORDIVDRGED (Write the W	ord) Sin al	16 DATE OF DEATH	Sefet.	(Day (Year)
6 DATE OF BIR	(Month)	(Day	, 1912 (Year)	Sept. 8	BY CERTIFY, That 1: , 191 , to Separate to the	L. S 191.
<sup>7</sup> AGE	2 yrs 8 1	nos 2 ds	If LESS than 1 day,hrs. ORmin.?	and that death occurre The CAUSE OF DEATH	H* was as follows:	
© OCCUPATION  (a) Trade, professi particular kind of  (b) General nature business, or esta which employed (o	ion, or child			2nd dugu	catches actions (Duration)	
9 BIRTHPLACE (State or co	ountry) Mar	yeard St.	3	Contributory Cac. Secondary  (Signed)		yrs mos M.
OF FA		- Light	mvacu	Left 8 , 191 4	(Address) Stay	retillar

\*State the DISEASE CAUSING DEATH, or, in deaths from Videent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIGNES, OR RECENT RESIDENTS) At place In the Where was disease contracted.

If not at place of death?

20 UNDERTAKER

ADDRESS

REGISTRAR

KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health 'Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only, (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

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eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely 'symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Coutributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

BINDING

FOR

RESERVED

MARGIN

Co	unty Baltmore 8758	STATE OF MARYLAND CERTIFICATE OF DEATH
Vil	llage or City Chemical (No	Registered No.  [it death occurred a hospital or institution give its NAME inste
	2 FULL NAME The heart 1	trugly of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, MIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH 2016 17, 1893	Sept 5 , 1914, to dept 8 , 191
7 AG	(Month (Day) (Year)	340
AG	1 day,hrs.	and that death occurred on the date stated above, at /2
	yrsds. ORmin. ?	The CAUSE OF DEATH * was as follows:
(a) l	Trade, profession, or louise Kind of work.	Intestimal Corbuelle
busin whic	General nature of Industry, less, or establishment in h employed (or employer)	(Duration) yrs. mos. 2
9 BIF (Sta	RTHPLACE Rate or country) Serutury	Contributory (Secondary)
	10 NAME OF ANT ALLOWS	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME		*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
of MOTHER AND MUON	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) Not Known	At place in the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?
(	Informant) Missel Im Skapper	Former or usual residence
15	(Address) Cosages	Harrisonville, Ind Seft 9 1914
File	REGISTRAR	20 UNDERTAKER APDRESS
FILE		Hollratt Pelley

[Approved by L. S. Census and American Public Health

carred thus: Farmer (schired 6 yrs.). For persons whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, rete. If the occupation has should be taken to report specifically the occupations gainfully employed, as Atrachool or At home. Care duties of the household only (not pald Housekeepers of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more presise specistatement. material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient; e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Foreman, (b) Automobile factory. (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," "Foreman," (0)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

007 1 1914

PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Year)  (Month) (Day) (Year)  If ELESS than and that of DEATH (Month) (Day) (Year)  PAGE  OCCUPATION  (B) Trade, profession, or particular kind of work  (B) General nature of industry, particular kind of work  (B) Brathplace (State or country)  PBIRTHPLACE (State or country)  PBIRTHPLACE (State or country)  POPMOTHER  OFFMOTHER  MANY A JAYLON  13 BIRTHPLACE (State or country)  PANALON  PARTICULAR MARE  (Signed)  12 MAJORN NAME OF FATHER (State or country)  PANALON  PANALON  Signed)  13 BIRTHPLACE (State or country)  PANALON  PANALON  PANALON  Signed)  14 JARAN OF INJERS; and (2) whether Accidence of Recent Residence (For Hoaritals, Institutions, Transist of Recent Residence)  15 JARN PALACE (FOR HOARITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENCE (FOR HOARITALS, INSTITUTIONS, TRANSIS OR RECENT RE	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. 3 (  If death occurred in a hospital or institution.
SEX  4 COLOR GR RACE  MARRIEL  MARRIEL  MARRIEL  MODINGE  ORDIVORCE  ORDIVORC	A hospital or Institution, give its NAME lostead of street and number.]
Final White Words Married  B DATE OF BIRTH  Age  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased  I LESS than I day, hrs.  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased  I LESS than I day, hrs.  And I day, hrs.  OR. min.?  The CAUSE OF DEATH* was as follows:  (B) Beneral nature of Industry, but work of the date stated above, at the CAUSE OF DEATH* was as follows:  (B) Beneral nature of Industry, which employed (or employer)  Description of Country)  Parthelace (State or country)  Mary Land  10 NAME OF FATHER (State or country)  Mary Land  11 BIRTHPLACE (State or country)  Mary Land  12 MAIDEN NAME OF Mary Land  OF MOTHER Mary Land  13 LENGTH OF RESIDENCE (For Hospitals. Institutions, Transit of Recent Residents)  At place in the	MEDICAL CERTIFICATE OF DEATH
and that death occurred on the date stated above, at the Cause of Death was as follows:  **The Cause of Death was as follows:**  **The Cause of Death was as follows:  **The Cause of Death was as follows:**  **The Cause of Death was as follows:  **The Cause of Death was as follows:**  **The Cause of Death was as follows:  **The Cause of Death was as follows:**  **The Cause of Death was as follows:  **The Cause of Death was as follows:**  **The Cause of Death was as follows:  **The Cause of Death	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from  , 191 4, to 24 , 191 4,
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE**  OFFATHER**  MACUALLA*  OFFATHER**  MACUALLA*  (Signed)  (	
State or country)  Maryland  (Signed)  (Signed	P. C. S.
(Signed)  11 BIRTHPLACE OF FATHER (State or country)  Maryland  CAUSEN, State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSEN, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL  13 BIRTHPLACE OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  16 In the	(17)
OF MOTHER MARY OUT OF 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIS  OF MOTHER  OF MOTHER  At place  In the	he DISEASE CAUSING DEATH, or in deaths from Vicinium
	OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, TRESIDENTS)  in the  yrs, mos, ds,
(Informant) Ass Zenobra angelal Former or usual residence	of death?
19 place of Burial or Removal Gate of Burial of Removal Supplies of Burial of Supplies of Burial of Supplies of Su	el Burge Son 363 Falls

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. minc, etc. "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who receive a definite sainry), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencia. sepsis, tetanus) may he stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of \_ Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin : "Can-The nature of the "Exhaustion,"



OCCUPATION PHYSICIANS RECORD statement ERMANENT EXACTLY. BINDING classified should properly ESERVED supplied. pe may certificate. carefully that it 80 0 pe back terms, pinode 0 plain instructions Information \_ DEATH See o OF mportant. Every Ite

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... If death occurred in a hospital or lostitution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLET 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory. BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE -OF FATHER (State or country) AREN. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. .... mos. .... (State or country) State ..... yrs, \_\_ Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carein-

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DINGES TOLD

PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred to St.;....Ward) a hospital or institution, RECORD give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, Willow
ORDIVORCED
(Write the word) BINDING (Month) (Dav (Year) 17 DATE OF BIRTH onth) (Day TAGE It LESS than and that death occurred on the date stated above, at, cia 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of Industry, UNFADING business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory (QLL certifica (State or country) (Duration) 10 NAME OF FATHER back PARENTS (Address) Mine OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME ATH in plain OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death mna ..... yrs. ..... mos. .... State ... Where was disease contracted. KNOWLEDGE If not at place of death?... 0 9 Former or OF usual residence Important. CAUSI 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Ffacklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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BUREAU, V.S.

Important.

CAUSE

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PHYSICIANS

RECORD

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St: Ward)

Ilf death occurred to a hospital or institution. give its NAME instead

ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, CANONICED (Write the word) (Month) (Day (Year) CERTIFY. That Lattended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. ... \_ ds. State ..... yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. Former or usual residence. LACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED

OCT 6 1914

... REAULV.S.

UNFADING INK-THIS IS A

WRITE PLAINLY, WITH

RECORD

PERMANENT

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

#### 1 PLACE OF DEATH County.

8763

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Ellerford V &	ymas.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	all colored. Single, Mannier, Sufaut	16 DATE OF DEATH AND 1914 (Month) (Day (Year)  17 I HEREBY CERTILY, That I attended deceased from
6 D/	(Month) (Day (Year)	that I last saw halive on, 191, 191, 191
	yrs	The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION Trade, profession, or ricular kind of work General nature of industry, Iness, or establishment in	Enterties (Duration) yrs / mos. 6s.
	RTHPLACE (State or country) W. W. W. M.	Gontributory Secondary  (Doration)  (Signed)  (Signed)  (Signed)  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) A. A. Co. Md.  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) A. A - CO · MA.  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
	(Informant) Surface State of the State of th	If not at place of death?  Former or osual residence.
16 Fil	REGISTRAR	PLACE OF BURIAL OR REMOVAL  PART SUBJECT COMPANY  20 UNDERTAKER  ADDRESS  609 Sittle Becast
	II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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additional live is provided for the latter statement; cated thus: gainfully employed, as At school or At home. Care minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; naut neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIBAL, OF AS PRODUBBY is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for



No. 202

8

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3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employer)

4	(	L.	X	>	)
/		10	-		-

6 SINGLE,

MARRIED.

WIDOWED,

(Day

(Write the word)

1 PLACE OF DEATH

4 COLOR OR RACE

(Month)

STATE OF MARYLAND CERTIFICATE, OF DEATH

Registration Dist. No

[if death occurred in a hospital or institution.

give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
2 FULL NAME Mre Martha &	homas!
Village or City A Land Hogh Hogh	St.;Ward)
11 0 9/1 == 1	

al.

(Year)

If LESS tha

1 day ...... hr OR ..... min. ?

MEDICA	AL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	8011	2.4	10.1
**************************************	(Month)	(Day	, 1913 (Year)
17 I HERE	BY CERTIFY, Th	1	
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that I last saw h	alive on	elet. 2	4 . 191
and that death occurred		A about at	900
The CAUSE OF DEATH		/	
Cursnerman,	antrum	Lelles	ich!
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000000	(Duration)	yrs	mos
Contributory 7	as amoin		
Secondary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		************
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(Signed) Guer	, ,		
(Signed) Luca	aslina	1	, M.
(Signed) George Sept 24 191 4	aslina	1	, M.
Sehl 74, 191.4	(Address) Sh	Agus"	bec
Sehl 24, 191 4	(Address) Sh	Agus"	hec
Sehl 24, 191 4	(Address) Sh	Agus"	hec
*State the DISEASE CAUSES, state (1) My TAL, SUICIDAL, OF HON	(Address) SI CAUSING DEATH, EANS OF INJURY;	or, in deaths and (2) who	from Viole
*State the DISEASE CAUSES, state (1) My TAL, SUICIDAL, OF HON	(Address) SI CAUSING DEATH, EANS OF INJURY;	or, in deaths and (2) who	from Viole
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOD 18 LENGTH OF RESIDE OR RECENT RESIDENTS	(Address) SI  CAUSING DEATH, EANS OF INJURY; MICIDAL.	or, in deaths and (2) who	from Viole
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDE OR RECENT RESIDENTS At place	(Address) SI  CAUSING DEATH, EANS OF INJURY; MICIDAL.  NCE (FOR HOSPITA)	or, in deaths and (2) whe	from Viole ther Accide
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOI  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	(Address)	or, in deaths and (2) whe	from Viole ther Accide
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*State the DISEASE CAUSES, State (1) MI TAL, SUICIDAL, OF HOD  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs. mo Where was disease contracted if not at place of death? Former or usual residence.	(Address) SI  CAUSING DEATH, EANS OF INJURY; MICIDAL.  INCE (FOR HOSPITA)  In th OS. ds. Stat	or, in deaths and (2) who	from Viole ther Accide MS, TRANSIEN MOS.
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*State the DISEASE  *State the DISEASE CAUSES, State (1) MI TAL, SUICIDAL, OF HOR  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	(Address) SI  CAUSING DEATH, EANS OF INJURY; MICIDAL.  INCE (FOR HOSPITA)  In th OS. ds. Stat	or, in deaths and (2) who	from Viole ether Accide NS, TRANSIEN MOS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

; (a) Spinner, (b) Cotton mill; (a) Salesman, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as first line will be sufficient, e. g., who have no occupation whatever, write None. who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term—for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; may be stated under the head "Dropsy," "Exhaustion," Never report



S. No.

N. B

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Ballimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word)	(Sionth) (Day) (1egr)
6 DATE OF BIRTH wikerwar,	, 191, to
TAGE  (Month) (Day) (Year)  If LESS than 1 day, hrs. or min.?  BOCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated shows at
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER ANTHUWAY  11 BIRTHPLACE OF FATHER (State or country, exception of the country	(Signed) Franks of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) whenour	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(informant) NOW (informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address)  16 Flied S 10 6 1914 kall back PEGISTRAN  HEGISTRAN  11 more blanks are needed, address State Registran, 6	Schwartz Cem, 8 ft.) 1914 20 UNDERTAKER Jeile 403 8, Wolfer

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septiehaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallg. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City (No. (No. (No. (No. (No. (No. (No. (No.	Mard)  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule W S SINGLE, MARRIED, MANNES ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  When the state of the state	thst I last saw halive on
about 76 yrs mos ds. OR min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Heart Disease
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory (Ouraties)yrsmosds
10 NAME OF	Secondary (Suration) yrs mos ds
of 11 BIRTHPLACE OF FATHER	(Signed) (Address) Laborer M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WHEN  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Unbrown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds
(Informant) HM 12. Light air	Where was diseasa confracted, It not at place of death?  Former or usual residence
(Address) & 10 & Cherles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2334 Jefferen st
Filed Up 27, 19 W. M. Claualian	20 UNDERTAKER Miller 333 Chiller
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) sTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meminges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and cousequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," etc.), "Coliapse," "Coma," "Couvuisions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



S. No. 1.

N. B.-

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP/Important. See instructions on back of certificate.
MANENT	EXACTLY. t statement
A PER	stated d. Exac
IS IS	hould be
NK-TH	AGE SI properly
DING II	supplied. may be te.
UNFAI	carefully that it certifica
WITH	ould be erms, so
AINLY.	nation shin plain tections or
RITE PI	-Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
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	CAL

PLACE Ba	e of DEATH	
	011	1



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Whentry (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH  (Month) (Day (Tear)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1914, to 3, 1914, that I last saw has alive on Selfen 1914.
7 AGE    It LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at
6 OCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs & mos. ds.
9 BIRTHPLACE (State or country) Mary land  10 NAME OF FATHER Annuel Tourghn  11 BIRTHPLACE OF FATHER (State or country) Mary land  2 Maiden NAME OF MOTHER Day January	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Boration)  (Signed)  (Signed)
of Mother Crey Jamber  13 BIRTHPLACE OF MOTHER (State or country) Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jamusel Janghan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place ot death?  Former or usual residence.
(Address). Cleberton M. M. M. Hegistran  If more blanks are needed, address State Register.	19 PLACE OF BURIAL OR REMOVAL  Seer Park General Sept 5, 1914  20 UNDERTAKER  S. Hellonger V for Cellics H Cofferrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, rcturn "Laborer," Laborer-Coal As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify an mia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under tbc head Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) State cause for Never report



PERMANENT EXACTLY. should supplied. UNFADING pinous of Inform DEATH

PHYSICIANS should state

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CAUSE OF Important. S

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certificate.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4-0 fif death occurred in ....Ward) a hospital or lostitution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 191 H WIDOWED. ORDIVORGED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) ... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) lo the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_ yrs. \_ Where was disease contracted. If not at place of death? Former or usual residence. OF BURIAL OF REMOVAL DATE OF BURIA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Z.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease gainfully employed, as At school or At home. Care Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Co	unty Baltimore 8769	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
VIII	PULL NAME Theodor 4.	St.; Ward)  [If death occur a hospital or list give its NAME i of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Cale White Server (Write the word)	16 DATE OF DEATH September 11 (Month) (Day (Y) 13 I HEREBY CERTIFY, That I attended decease 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
7 <sub>A</sub> (	(Month) (Day (Year)  GE   1   LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 3 The CAUSE OF DEATH * was as follows:
(a) pai (b)	OCCUPATION ) Trade, profession, or consumance agent ricular kind of work consumance agent general nature of industry, 4	Jugure of with of the
Whi	iness, or establishment in Mulual Cul Society ich employed (or employer)  Baltimore (State or country)	Contributory Anewayous of as Secondary Of Asserta Quration Lys - mos
S L N	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME (State or country)  12 MAIDEN NAME (State or country)	Gentributory Anlungous of assertion of Contraction of Secondary Of Contraction of yes mos (figned) Inomo 10. Freu September, 1914 (Address) Hamilton Ba
PARENTS 14 L	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 State or country)  13 BIRTHPLACE OF FATHER (State or country)  14 BIRTHPLACE OF FATHER (State or country)	Contributory Cinewayous of as Secondary Of Corta Souration of yes — mos. (Figned) Interns 10. Freu

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection necd not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING V WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

PLACE OF DEATH SPY	STATE OF MARYLAND
B-01-	CERTIFICATE OF DEATH
County Dalla	Registration Dist. No. 80
Village or City Le D. Uflend (No,	St.; Ward)  [If death occurred is a hospital or institution give its NAME lostead
* FULL NAME Farothy San	du White of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVERCEO (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	July 1914, to Safet 194, 1914, that I last saw h alive on 1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
3 / yrs. 7 mos. / ds. OR mio. ?	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Frade, prefession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Deration) yrs mes st
10 NAME OF FATHER Johns Sandy	(Signed) C. S. N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER & AThurs Sichling	CAUSES, state (1) Means of Injury; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Allel	At place lo the of death yrs mos ds. State yrs mos ds.
(Informant) Clean Whele	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) & C. Ufland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sefet 12th, 1914 a.C. Sumb REGISTRAR	20 UNDERTAKER JAIM HAM ADDRESS LIVILA
if more blanks are needed, address State Registra	r, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

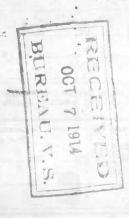
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISMASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. minc, etc. material Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puesperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 da., State cause for Examples:



RECORD	
W. S. No. 1.  WRITE PLAINLY, WITH UNFADING INK—THIS IS.A PERMANENT RECORD  N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH In plain terms, so that it may be properly classified. First statement of OCCUPATION is used.	Important. See instructions on back of certificate.

County.....

0111	The state of the s
CE OF DEATH	610
Baltimore	(104
viceum vice.	10

OMH :



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Total lif LESS than 1 day,	death occurred in oital or institution, its NAME instead eet and number.]
## MARRIED, Woodows widower, Woodows ordivored widowers Ordivored	
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 LESS than 1 day, hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	, 191 Y
The CAUSE OF DEATH* was as follows  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	24, 191 X,
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	0
which employed (or employer)  BIRTHPLACE (State or country)  Secondary  Contributory Secondary	***************************************
10 NAME OF FATHER NOT KNOWN  (Signed)	from VIOLENT ether ACCIDEN
At place of death yrs. mos. ds. State yrs. where was disease contracted, if not at place of death?  (Informant) Mo lot beweet  (Address) Mo 10 Boulding 1  15  Filed 28 28 19 10 Manual ac 20 Undertaker Address Address	

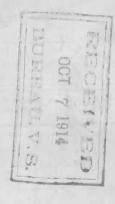
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. For many occupations a single word or term on the cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, who have no occupation whatever, write None Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; "Exhaustion,"



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 8772	STATE OF MARYLAND
have Balts.	CERTIFICATE OF DEATH
County USAUS.	Registered No. 34.
Village or City Deckleserille (No.	St; Ward) [If death occurred in a hospital or institution,
FULL NAME Thomas Melch	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 9 18
mole Italia ORDIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
7 6 .2.29	Dec 1917, to Sept - 18 1914
(Month) (Day) (Year)	that I last saw h Malive on Sept - 18 1914
7 AGE If, LESS than	and that death occurred on the date stated above, at & P. m.
26- m 10 m 10 day,hrs.	The CAUSE OF DEATH* was as follows:
mos. ds. or min.?	
(a) Trade, profession, or	Dulmonary Jukerculores
particular kind of work AFMA TO THE CONTROL OF THE PARTICULAR AND THE CONTROL OF THE PARTICULAR AND THE PART	
business, or establishment in	From History Duration 2 yrs - mos - de
which employed (or employer)	Contributory Frank- Failure
(State or country) Mary land.	(Secondary)  (Duration) yrs mos ds
10 NAME OF JO. The President	(Signed) Enelgar M. Bush, MD.
OF SATHER	1/19/ ,191/ HAddress Hampstead and.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Marie 6 Frale	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary land	OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Geo. It Openier	If not at place of death?
	usual residence
(Address) arklon Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept-19,191 & Co. E. Frutta M. O. REGISTRAR	Toreston Church Sept 20, 191 4.
	Leroy suffer Ballimore
more blanks are needed, address State Registrar, 6 1	z. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., sucb, if impossible to determine definitely. "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaegenital," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of \_\_\_ Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) Always qualify ail diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: cause for



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICHALS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION-is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

County Baltimore Ind	CERTIFICATE OF DEATH
	Registration Dist. No. 32.
Village or City Washington (No	St.; Ward)  [If death occurred in a hospital or lastitution, give its NAME instead of street and number ]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Color of RACE Single,  MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  9 20 , 191  (Month) (Day (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	Sept 11 1914, to Sept 20 , 1914.
antenoun - 1868	1914 1914 1914 1914 1914 1914 1914 1914
(Month) (Day (Year)	that I last saw her alive on Sept 9, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 7.10 am.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
46 yrs mos ds. OR min.?	Therine Brighte dreese
BOCCUPATION	2 nume for 45.4 course
(a) Trade, profession, or Launchese	
(b) General nature of industry,	
business, or establishment in	(Ouration) vrs. 6 mos. ds.
which employed (or employer)	(outaiivii)
9 BIRTHPLACE (State or country)	Secondary
77000	(Ouration) yrs mos ds.
10 NAME OF Robert Queen	(Signed) 6. It - Beelen , M. O.
O 11 BIRTHPLACE	7-20 1914 (Address) Mt Washington
Z OF FATHER (State or country)	
W 12 mars and 5	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Many Gant	TAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	A1 place in the
	of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Louisa Sofinson	Former or
	usual residence
(Address) 834 Feorge St. Baltimin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	St. Pelen Cometery 5-ept. 23 1014
Chy w House O. Warlen	20 UNDERTAKER ADDRESS
Filed deport 17, 191 John Co. Caryon	F. 13 Pula 128m 110
REGISTRAR	There is the total there
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

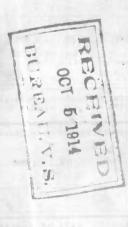
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of ago ness of various pursuits can be known. The question cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wag's, as who receive a definite salary), may be entered as material worked on may form part of the second (a) ~ Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples III III III III ngincer

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculests of lungs; meninges, peritonaeum, etc., Carvin-

valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Meastes; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Amaemia" (merely symptomatic), "Atrophy," Bronchopicumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Conra," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

See instructions on back of certificate.

CAUSE OF Important. S

N. B.

V. S. No. 1.

1 PLACE OF DEATH

8774

#### STATE OF MARYLAND

County Pullusur	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Musics Punt (No. 26, 9)	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Mule Stricts Single, Married, Widower, Ordiverce (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended descased from
6 DATE OF BIRTH SING PACE (Month) (Day (Year)	Sept Re 1915, to 12 29 1914, that I last saw him alive on Sept - 25 1914
7 AGE 11 LESS 1han 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 9.369, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Ilest-lestelis (Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) James Paul Md	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE JUNE JUNE J.	(Signed) A The School De State of the State
11 BIRTHPLACE OF FATHER (State or country) Bulturum Co.  12 MAIDEN NAME OF MOTHER M.	*State the DISEASE CAUSING DEATH, or, in-deaths from VIOLENT CAUSES, state (1) MEANS OF ENJURY; and (2) whether ACCIDENTAL, SUICEDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Bollium Ev,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant). Illust 2 www.	Where was disease contracted, If not at place of death?  Former or  Jusual residence.
(Address) 2 6 Cacultus De Mucin/less	Cale Laws Cen. Date of BURIAY.
Filed Ift 38, 1914 9. (The omisex m/s)	20 UNDERTAKER & Beile 40 3 8 Wolf.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



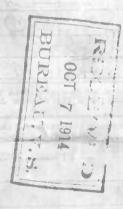
Village or City Plant (No. 3722)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [if death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE STRICTE, without with the words of BIRTH 1839	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191.4., to 2, 191.4.
7 AGE 7 5 (Month) (Day (Year)  1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishmen! In which employed (or employer)  **BIRTHPLACE** (State or country)	(Duration) yrs mos. 3 ds.  Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  The Above is true to the best of my knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS.  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
Filed (Address) 12 7, 191 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Holy. Sosaly Date of Burial  Holy. Sosaly Address  Hilliam. Fractowsky 168 Eastern  rar, 6 E. Franklin St., Bafto., Requesting V. S. No. 1. Day

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUCUDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of 'Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



V. S. No. 1.

sated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very A PERMANENT stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE See instructions on back of certificate. of information should CAUSE OF Important. N N

County.

OF DEATH 8776	(a)
ltice	(1/1)
41	09

#### STATE OF MARYLAND CERTIFICATE OF DEATH

VII	Page or City Wandson Hulson 39	Registration Dist. No. OO [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Remale White MARIED, Widowed, Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Suptember 26, 1914  (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
6 D	More of Birth More 6 (Nonth) (Day (Year)	that I leat sew here allive on Sept. 26, 191 4
TAI	GE 63 yrs 6 mos 2/ ds. If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
(a) pa (b) bus whi	Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in chempioyed (or employer)  RTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Extraction Secondary  (Doration) yrs mos ds
PARENTS	10 NAME OF FATHER MANUAL 1.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
14 7	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS) At place In the of death
16 Fil	(Address) 53 f Slafe & State & South	19 PLACE OF BURIAL OR REMOVAL DATE OF BUBIAL , 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation\_at\_beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," ."Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-

